

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # ~~L99000000517~~

Entity Name

L99000000699

ATLANTIC STAR APARTMENTS, L.C.

APPROVED
AND
FILED

00 MAY -2 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 MERIDIAN AVENUE, SUITE 506 1688 MERIDIAN AVENUE, SUITE 506
 BEACH FL 33139 MIAMI BEACH FL 33139-2700

Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **58-2396270** Applied For
Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, MICHAEL ESQ.
 BROWN, KORN, BROWN, LIPTON
 20000 BISCAYNE BLVD., SUITE 200
 AVVENTURA FL 33180

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State

MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

MGR
 RADO, FREDERIC
 1688 MERIDIAN AVENUE, SUITE 506
 MIAMI BEACH FL 33139

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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #