

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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DOCUMENT # L99000000652

1. Entity Name
SANTIVA PROPERTIES, L.L.C.

01 APR 27 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1000 BRICKELL AVENUE, SUITE 900
MIAMI FL 33131

Mailing Address
1000 BRICKELL AVENUE, SUITE 900
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1000 Brickell Ave.
Suite, Apt. #, etc.
920

3. Mailing Address

1000 Brickell Ave.
Suite, Apt. #, etc.
920

City & State
MIAMI, FL

Zip
33131

Country
USA

City & State
MIAMI FL

Zip
33131

Country
USA

4. FEI Number 65-0891529

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PERRONE, STEPHEN L
~~CONNELL-PERRONE CAPITAL GROUP~~
1000 BRICKELL AVENUE, SUITE 900 920
MIAMI FL 33131

7. Name and Address of New Registered Agent

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

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. MANAGING MEMBERS / MEMBERS

TITLE MGR
NAME PERRONE, STEPHEN L
STREET ADDRESS 1000 BRICKELL AVENUE, SUITE 900
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE MGR
NAME AVANT REIK, JACQUELINE
STREET ADDRESS 44 SHAW LANE
CITY-ST-ZIP FT THOMAS KY 41075 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE MGR
NAME Perrone, Stephen L.
STREET ADDRESS 1000 Brickell Ave. #920
CITY-ST-ZIP MIAMI, FL 33131 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 REQUIRED

4/20/01 305-702-5503

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

CR2E083 (11/00)