

2001 UNIFORM BUSINESS REPORT (UBR)

0008415 AT

DOCUMENT # L99000001055

1. Entity Name
ARCHABELLE PROPERTIES L.C.

FILED

01 APR -9 AM 7:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1627 BRICKELL AVENUE, #1001
MIAMI FL 33129

Mailing Address
1627 BRICKELL AVENUE, #1001
MIAMI FL 33129



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3370 N.E. 190 STREET

3. Mailing Address

3370 N.E. 190 STREET

Suite, Apt. #, etc.

SUITE 811

Suite, Apt. #, etc.

SUITE 811

City & State

AVENTURA FLORIDA

City & State

AVENTURA FLORIDA

4. FEI Number

65-0923641

Applied For

Not Applicable

Zip

33180

Country

USA

Zip

33180

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KARAM, SIMON
1627 BRICKELL AVENUE, #1001
MIAMI FL 33129

7. Name and Address of New Registered Agent

Name KARAM, SIMON
Street Address (P.O. Box Number is Not Acceptable)
3370 N.E. 190 STREET, SUITE 811
City AVENTURA FL Zip Code 33180

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 SIMON KARAM

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

(NOTE: Registered Agent signature required when reinstating)

04-03-01

DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR KARAM, SIMON ☐ Delete
STREET ADDRESS 1627 BRICKELL AVENUE, #1001
CITY-ST-ZIP MIAMI FL 33129

TITLE NAME MGR KARAM, ANTOINE ☐ Delete
STREET ADDRESS 1627 BRICKELL AVENUE, #1001
CITY-ST-ZIP MIAMI FL 33129

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME MGR KARAM, SIMON ☒ Change ☐ Addition
STREET ADDRESS 3370 N.E. 190 STREET, # 811
CITY-ST-ZIP AVENTURA, FL, 33180

TITLE NAME MGR KARAM, ANTOINE ☒ Change ☐ Addition
STREET ADDRESS 3370 N.E. 190 STREET, # 811
CITY-ST-ZIP AVENTURA, FL, 33180

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 600004009446-2
CITY-ST-ZIP -04/16/01--01013--015
*****50.00 *****50.00

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

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

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

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

Date

Daytime Phone #

04-03-01 (305) 205-6502

CR2E083 (11/00)