

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001236

1. Entity Name

TREMONT INVESTMENTS L.C.

FILED

00 JAN 21 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2875 N.E. 191ST STREET, PENTHOUSE 1
AVENTURA FL 33180

Mailing Address

2875 N.E. 191ST STREET, PENTHOUSE 1
AVENTURA FL 33180-2841

2. Principal Place of Business

3. Mailing Address

P.O. Box 630817

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Miami, FL

4. FEI Number

☒ Applied For
☐ Not Applied For

Zip

Country

Zip

33163

Country

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KLEIN, THEODORE J ESQ.
88 N.E. 168TH STREET
NORTH MIAMI BEACH FL 33162

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

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

9. MANAGING MEMBERS / MEMBERS

TITLE MGR
NAME GLINSKI, SAUL ☐ Delete
STREET ADDRESS 2875 N.E. 191ST STREET, PENTHOUSE 1
CITY- ST- ZIP AVENTURA FL 33180

TITLE MGR
NAME LINZMEYER, PETER ☐ Delete
STREET ADDRESS 2875 N.E. 191ST STREET, PENTHOUSE 1
CITY- ST- ZIP AVENTURA FL 33180

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Delete
NAME 100003117841--0
STREET ADDRESS -02/01/00--01041--009
CITY- ST- ZIP *****55.00 *****55.00

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

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

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

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

TITLE ☐ Change ☐ Delete
NAME
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 OR MANAGER

Date

Daytime Phone #

1/20/2000 (305) 935-