

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 12, 2001 08:00 AM****Secretary of State****DOCUMENT # L99000001618**1. Entity Name
PSD PROPERTIES, LLC

Principal Place of Business 16375 NE 18TH AVENUE, SUITE 307 NORTH MIAMI BEACH FL 33162	Mailing Address 16375 NE 18TH AVENUE, SUITE 307 NORTH MIAMI BEACH FL 33162
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2. Principal Place of Business 16375 NE 18TH AVENUE, SUITE 201 Suite, Apt. #, etc.	3. Mailing Address 16375 NE 18TH AVENUE, SUITE 201 Suite, Apt. #, etc.
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City & State NORTH MIAMI BEACH FL	City & State NORTH MIAMI BEACH FL
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Zip 33162	Country	Zip 33162	Country
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4. FEI Number 65-0909034	Applied For <input type="checkbox"/> Additional Fee Required <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent FLAVELL ROBERT 4600 FIRST UNION FINANCIAL CENTER 200 SOUTH BISCAYNE BOULEVARD MIAMI FL 33131 US	7. Name and Address of New Registered Agent Name FLAVELL ROBERT Street Address (P.O. Box Number is Not Acceptable) 5100 FIRST UNION FINANCIAL CENTER 200 SOUTH BISCAYNE BOULEVARD City MIAMI FL Zip Code 33131
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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 **FLAVELL, ROBERT****01/12/2001**

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				10. ADDITIONS / CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PERLOV MAURICIO A 16375 NE 18TH AVENUE, SUITE 307 NORTH MIAMI BEACH FL 33162	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEPALMA MIGUEL ANGEL 16375 NE 18TH AVENUE, SUITE 307 NORTH MIAMI BEACH FL 33162	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEPALMA MIGUEL ANGEL 16375 NE 18TH AVENUE, SUITE 201 NORTH MIAMI BEACH FL 33162	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PILATTI LUIS ALBERTO 16375 NE 18TH AVENUE, SUITE 307 NORTH MIAMI BEACH FL 33162	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PILATTI LUIS ALBERTO 16375 NE 18TH AVENUE, SUITE 201 NORTH MIAMI BEACH FL 33162	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOLTANIK ENRIQUE 16375 NE 18TH AVENUE, SUITE 307 NORTH MIAMI BEACH FL 33162	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOLTANIK ENRIQUE 16375 NE 18TH AVENUE, SUITE 201 NORTH MIAMI BEACH FL 33162	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Soltanik, Enrique**MGRM 01/12/2001**

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

Date

Daytime Phone #

CR2E083 (11/00)