CR2E083 (11/00)

2001 UNIFORM BUSINESS REPORT (UBR)

								•				
DOCUMENT # L9900001970 1. Ertify Name NORTH BAY VILLAGE F.A.A., L.L.C.							FILED					
7						01 MAR 21 PM 12: 46						
Principal Place of Business			Mailing Address	Mailing Address			SECRETARY OF STATE TALLAHASSEE, FLORIDA					
1345 N.E. 79TH ST. NORTH BAY VILLAGE FL 33141			1345 N.E. 79TH ST. NORTH BAY VILLAGE FL	1345 N.E. 79TH ST. NORTH BAY VILLAGE FL 33141			18811811 618 18		1 88111 49161 (U	DIE WOI	18811 8811 1 88 1	
2. Principal P	Place of Busin	ness	3. Mailing Address	. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State			City & State			4. FEI Number Applied For 65-0908851 Not Applicable						
Zip Country		Zip	Country	· · · · ·				O Add	litional			
	6. Name	and Address of Current	Registered Agent			7. Name and Address of New Registered Agent						
				1	Name							
ARMENTI 1345 N.F	i, mario :. 79th st.			5	Street Address	(P.O. Box Nu	ımber is No	Acceptable)			-	
NORTH BAY VILLAGE FL 33141											_	
				7	City	FL Zip Code						
8. The above	named entity	v submits this statement for	or the purpose of changing its	registered c	office or registe	ered agent, or	r both, in the	State of Florida.				
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if applicable. (NOTE	E: Registered Ag	ent signature requin	ed when reinstating	2)		DATE -			
·						Т	····					
•			FILE NO Make Check Pay		E IS \$50.00 Department							
9.		MANAGING MEMB	ERS/MEMBERS	10.	•			ADDITIONS/CHAN	IGES			
TITLE	MGRM	THE TOTAL PROPERTY.	☐ Delete	TITLE		,			□ c	hange	Addition	
NAME	ARMENTI,			NAME			K/5_7	BANGLA	1/11		ATIC	
STREET ADDRESS CITY-ST-ZIP	-18120 S.V Miami Fl	V. 145 STREET 33196		STREET AL		45 M	BM	VILLAVE	5/33	14)	92CC	
TITLE NAME	MGRM ARMENTI,	ADRIAN	☐ Delete	TITLE NAME			·	20	□ 0		☐ Addition	
STREET ADDRESS CITY-ST-ZIP		V. 145 STREET		STREET AL	ZIP //	45 N	BAY	VILLAGE	F1 3:	3 14		
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NAME STREET ADDRESS				NAME STREET AC	nnress							
CITY-ST-ZIP			•	CITY-ST-								
TITLE			☐ Delete	TITLE				00391 -03/27/01- *****50.1	C	hange	☐ Addition	
NAME STREET ADDRESS				NAME PTRICET AG	DODECE	•	أالالال	73/27771-		<u> </u>	15	
CITY-ST-ZIP				STREET AC	l l			*****50.1	(I) **	***	.00	
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TITLE 4			. Delete	TITLE				···	□ Ct	nange	Addition	
NAME STREET ADDRESS	İ		•	name Street ad	DORESS .						}	
CITY-ST-ZIP				CITY-ST-2	1							

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

Date