

2001 UNIFORM BUSINESS REPORT (UBR)

0009398 AF

DOCUMENT # L99000001970

1. Entity Name

NORTH BAY VILLAGE F.A.A., L.L.C.

FILED

01 MAR 21 PM 12:46

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1345 N.E. 79TH ST. NORTH BAY VILLAGE FL 33141	Mailing Address 1345 N.E. 79TH ST. NORTH BAY VILLAGE FL 33141
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0908851** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARMENTI, MARIO
1345 N.E. 79TH ST.
NORTH BAY VILLAGE FL 33141**

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 Delete

10. ADDITIONS/CHANGES Change Addition

TITLE NAME Delete
MGRM ARMENTI, MARIO
STREET ADDRESS ~~15120 S.W. 145 STREET~~
CITY-ST-ZIP MIAMI FL 33196

TITLE NAME Change Addition
NAME
STREET ADDRESS **1345 NE 79ST**
CITY-ST-ZIP **NORTH BAY VILLAGE FL 33141**

TITLE NAME Delete
MGRM ARMENTI, ADRIAN
STREET ADDRESS ~~15120 S.W. 145 STREET~~
CITY-ST-ZIP MIAMI FL 33196

TITLE NAME Change Addition
NAME
STREET ADDRESS **1345 NE 79ST**
CITY-ST-ZIP **NORTH BAY VILLAGE FL 33141**

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
900003910989-8
-03/27/01-01008-015
*******50.00 *****50.00**

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
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 DATE **03/11/01**

CR2E083 (11/00)