

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002662

1. Entity Name
MILFRED APARTMENTS L.C.

Principal Place of Business
2121 PONCE DE LEON BOULEVARD, SUITE 1100
CORAL GABLES FL 33134

Mailing Address
2121 PONCE DE LEON BOULEVARD, SUITE 1100
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0921843

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

HORWITZ, SANFORD B
2121 PONCE DE LEON BOULEVARD, SUITE 1100
CORAL GABLES FL 33134

Name DAVID LOMBARDI

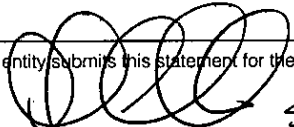
Street Address (P.O. Box Number is Not Acceptable)
975 ARTHUR GODFREY RD. # 209

City MIAMI BEACH

FL

Zip Code 33140

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  SECRETARY/TREASURER

(NOTE: Registered Agent signature required when reinstating)

DATE 1/18/01

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME GOLDSTEIN, MICHAEL B
STREET ADDRESS 2121 PONCE DE LEON BLVD., STE 1100
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 400003909514-02
CITY-ST-ZIP -03/26/01--01103--001
*****50.00 *****50.00

TITLE MGRM ☐ Delete
NAME GOLDSTEIN, IRMA
STREET ADDRESS 2121 PONCE DE LEON BLVD., STE 1100
CITY-ST-ZIP CORAL GABLES FL 33134

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

TITLE MGRM ☐ Delete
NAME HORWITZ, SANFORD B
STREET ADDRESS 2121 PONCE DE LEON BLVD., STE 110
CITY-ST-ZIP CORAL GABLES FL 33134

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

TITLE MGRM ☐ Delete
NAME HORWITZ, JANET L
STREET ADDRESS 2121 PONCE DE LEON BLVD., STE 110
CITY-ST-ZIP CORAL GABLES FL 33134

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

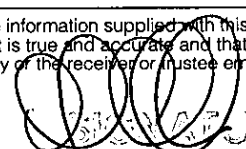
TITLE MGRM ☐ Delete
NAME LOMBARDI, DAVID L
STREET ADDRESS 975 ARTHUR GODFREY ROAD
CITY-ST-ZIP MIAMI BEACH FL 33140

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

TITLE MGRM ☐ Delete
NAME LOMBARDI, SHARI B N
STREET ADDRESS 975 ARTHUR GODFREY ROAD
CITY-ST-ZIP MIAMI BEACH FL 33140

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

1/18/01 305 695 1600

Date

Daytime Phone #

0000761 AF

CR2E083 (11/00)

FILED
01 MAR 19 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE