

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2002 8:00 am
Secretary of State

06-05-2002 90399 017 ****50.00

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

167 N.W. 25th St.

Suite, Apt. #, etc.

3. Mailing Address

167 N.W. 25th St.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33127

Country

Zip

33127

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

LOMBARDI, DAVID

975 ARTHUR GODFREY RD., #209
 MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

167 N.W. 25th St

City

Miami

FL

Zip Code

33127

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, MICHAEL B	
STREET ADDRESS	2121 PONCE DE LEON BLVD., STE 1100	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, IRMA	
STREET ADDRESS	2121 PONCE DE LEON BLVD., STE 1100	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HORWITZ, SANFORD B	
STREET ADDRESS	2121 PONCE DE LEON BLVD., STE 110	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HORWITZ, JANET L	
STREET ADDRESS	2121 PONCE DE LEON BLVD., STE 110	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LOMBARDI, DAVID L	
STREET ADDRESS	975 ARTHUR GODFREY ROAD	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LOMBARDI, SHARI B N	
STREET ADDRESS	975 ARTHUR GODFREY ROAD	
CITY-ST-ZIP	MIAMI BEACH FL 33140	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

David L Lombardi 5-1-02 305-442-2200

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

Date

Daytime Phone #

CR2E083 (9/01)