

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002852

1. Entity Name

EXECUTIVE VENETIAN, L.C.

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90036 042 ****50.00

Principal Place of Business

21150 POINT PLACE, #1203
AVENTURA FL 33180

Mailing Address

21150 POINT PLACE, #1203
AVENTURA FL 33180

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

65-0925677

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

WILLNER, ROBIN I ESQ.
LEOPOLD, KORN & LEOPOLD, P.A.
20801 BISCAYNE BLVD., SUITE 501
AVENTURA FL 33180

Name

ALAN L. FREEMAN

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

1 SE 3RD AVE

SUITE 2120

City

MIAMI

FL

Zip Code

33131

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

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
AQUATE, MICHEL
21150 POINT PLACE
AVENTURA FL 33180

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

MICHEL AQUATE

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

01/28/02 305 766 2308
Date Daytime Phone #

CR2E083 (9/01)