

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L99000002854****1. Entity Name**

Atlantic Harbour Centre, L.C.

Principal Place of Business**Mailing Address**

1688 Meridian Avenue, Suite 506

1688 Meridian Avenue, Suite 506

Miami Beach, FL 33139

Miami Beach, FL 33139

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

65-0925680

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

MJJM

6. Name and Address of Current Registered Agent**7. Name and address of New Registered Agent**

Registered Agents of Florida, LLC

100 SE Second Street

Suite 3500

Miami, Florida 33131

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

FL

Zip**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.

Leon J. Wolfe, Vice President

4/25/01

(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****10. ADDITIONS/ CHANGES**TITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP**MGR**☐ DeleteGilbert Benhamou
1688 Meridian Avenue, Suite 506
Miami Beach, FL 33139TITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition

000004430270--1

-06/19/01--01083--009

*****50.00 *****50.00

TITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
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CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET
ADDRESS
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**

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

Gilbert Benhamou, Manager

4/25/01

305-776-7778

Date

Daytime Phone #