

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0003016
AF

00 APR 29 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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DOCUMENT # L99000002951

1. Entity Name
PALM BEACH INTERNATIONAL TRADE CENTER, LLC

Principal Place of Business
1717 NORTH BAYSHORE DR., SUITE 114
MIAMI FL 33132

Mailing Address
1717 NORTH BAYSHORE DR., SUITE 114
MIAMI FL 33132-1196

2. Principal Place of Business
1717 North Bayshore Dr.
Suite, Apt. #, etc.
Suite 208
City & State
Miami, Florida
Zip
33132
Country
USA

3. Mailing Address
1717 North Bayshore Dr.
Suite, Apt. #, etc.
Suite 208
City & State
Miami, Florida
Zip
33132
Country
USA

4. FEI Number
65-0929625
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
S & K PROPERTY MANAGEMENT, INC.
1717 NORTH BAYSHORE DRIVE, SUITE 114
MIAMI FL 33132

7. Name and Address of New Registered Agent
Name
S&K Property Management, Inc.
Street Address (P.O. Box Number is Not Acceptable)
1717 North Bayshore Dr.
Suite 208
City
Miami
FL
Zip Code
33132

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 *Lidia Cartaya* Lidia Cartaya, Vice President 4/27/00
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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM AMERICAN EQUITY PARTNERS NO. 4, INC. 1717 NORTH BAYSHORE DR., SUITE 114 MIAMI FL 33132	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM American Equity Partners No. 4, Inc. 1717 N. Bayshore Dr., Suite 208 Miami, FL 33132	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	800003251218- - 0 -05/12/00--01121--010 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	800003251218- - 0 -05/12/00--01121--011 *****5.00 *****5.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Lidia Cartaya* 4/27/00 305 577-3885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CF: E083 (9/99)