

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-14-2002 90467 001 ****50.00
 05-14-2002 90467 002 *****5.00

DOCUMENT # L99000002951

1. Entity Name

PALM BEACH INTERNATIONAL TRADE CENTER, LLC

Principal Place of Business

**1717 NORTH BAYSHORE DR., SUITE 208
 MIAMI FL 33132**

Mailing Address

**1717 NORTH BAYSHORE DR., SUITE 208
 MIAMI FL 33132**

2. Principal Place of Business

150 Alhambra Circle

3. Mailing Address

150 Alhambra Circle

Suite, Apt. #, etc.

Suite 800

Suite, Apt. #, etc.

Suite 800

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33134

Country

USA

Zip

33134

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 208
 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)
150 Alhambra Circle
Suite 800
 City
Coral Gables **FL** Zip Code
33134

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* Vice President 04/29/02
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

LIDIA CARTAYA

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE
 NAME **MGRM** ☐ Delete
 STREET ADDRESS **AMERICAN EQUITY PARTNERS NO. 4, INC.**
 CITY-ST-ZIP **1717 NORTH BAYSHORE DR., SUITE 208
 MIAMI FL 33132**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
 NAME **MGRM** ☒ Change ☐ Addition
 STREET ADDRESS **American Equity Partners No. 4, Inc**
 CITY-ST-ZIP **150 Alhambra Circle, Suite 800
 Coral Gables, FL 33134**

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

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

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

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

TITLE
 NAME ☐ Change ☐ Addition
 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: *Lidia Cartaya* **SIGNATURE REQUIRED** Vice President 04/29/02 (305) 476-0955

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

Date

Daytime Phone #

CR2E083 (9/01)