

2000-UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L99000003034

1. Entity Name
BILLDEN REALTY, L.L.C.

00 MAY 22 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

20 VENETIAN WAY
MIAMI BEACH FL 33132

Mailing Address

20 VENETIAN WAY
MIAMI BEACH FL 33139-8818

2. Principal Place of Business

782 N.W. LEJEUNE RD.

3. Mailing Address

782 N.W. LEJEUNE RD.

Suite, Apt. #, etc.

SUITE 637

Suite, Apt. #, etc.

SUITE 637

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33126

Country

U.S.A.

Zip

33126

Country

U.S.A.

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ALBORNOZ, WILLIAM H
901 PONCE DE LEON BLVD., SUITE 601
CORAL GABLES FL 33131

7. Name and Address of New Registered Agent

Name

JOSE E. CABANAS

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

782 N.W. LEJEUNE RD. SUITE 637

City

MIAMI

FL

Zip Code

33126

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 also title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/18/00

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME ZAPATA, JOSE LUIS
STREET ADDRESS 901 PONCE DE LEON BLVD., STE 601
CITY- ST- ZIP CORAL GABLES FL 33131

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE MGR
NAME ZAPATA, JOSE LUIS
STREET ADDRESS 782 N.W. LEJEUNE RD. SUITE 637
CITY- ST- ZIP MIAMI FL. 33126

TITLE
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TITLE
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

5/18/00 (305) 442-8955

CR2E083 (9/99)