

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003248

1. Entity Name  
MPI/MIAMI RENAISSANCE, L.L.C.

FILED

01 FEB 15 PM 4:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
150 EAST PALMETTO PARK ROAD, SUITE 400  
BOCA RATON FL 33432

Mailing Address  
150 EAST PALMETTO PARK ROAD, SUITE 400  
BOCA RATON FL 33432

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 65-0925795

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

7. Name and Address of New Registered Agent

AUERBACHER, STEVEN M ESQ  
150 EAST PALMETTO PARK ROAD, SUITE 410  
BOCA RATON FL 33432

Name

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

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

300003708599--1  
-02/19/01--01007--010  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME MILESTONE PROPERTY MANAGEMENT, INC.  
STREET ADDRESS 150 EAST PALMETTO PARK ROAD, SUITE 400  
CITY-ST-ZIP BOCA RATON FL 33432 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE President  
NAME Robert Mandor  
STREET ADDRESS 150 E. Palmetto Park Rd., Suite 400  
CITY-ST-ZIP Boca Raton, FL 33432 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE Vice President  
NAME Joseph Otto  
STREET ADDRESS 150 E. Palmetto Park Rd., Suite 400  
CITY-ST-ZIP Boca Raton, FL 33432 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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

Date

Daytime Phone #

SIGNATURE: Robert Mandor 2/12/01

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CR2E083 (11/00)