2000 UNIFORM BUSINESS REPORT (UI	BR
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2000	UNIFORM BUSI	NESS REPO	RT (UBF	3)	APPROVED			
DOCUMENT # L9900003527 1. Entity Name					AND FILED			
PARK PROPERTIES MIAMI, LLC					00 APR 18 PM 2: 38			
		746.4			SECRETARY OF STATE ALLAHASSEE, FLORIDA			
Principal Place of Business Mailing Address 16400 COLLINS AVENUE 16400 COLLINS AVENUE				17	ALL'AHASSEE, FLORIDA	S		
MIAMI BEACH		MIAMI BEACH FL 33160-4	564					
2. Principal Place of Business 16445 CDUINS AVE. 3. Mailing Address 16445 COLUNS AVE.			1/F	A KRBINBUL BUR KOKKO 18301 BBUK BOUKU ODKU BBUK	 	14811 1981 1881		
Suite, Apt.		Suite, Apt. #, etc.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		DO NOT WRITE IN THIS	SPACE		
City & State MIAMI BEACH, EL MIAMI BEACH, FL				A ECI	4. FEI Number 9 477 Applied For			
MIAMI BEACH, PC MIAMI BELL Zip 22 1 Country Zip 22 1 2			Country	5 Cortificate of Status Desired Status Page 1			ditional	
<u> </u>	6. Name and Address of Current F	Tegistered Agent			e and Address of New Registered	Fee Require Agent	<u>d</u>	
DANKOW	CEDALB		Name	GERTI	KLEIKAMP-			
PANKOW, 16400_CC	CLINS AVENUE		Street A	ddress (P.O. Box I	Number is Not Acceptable)			
-MIAMI BEACH FL 33160 /64				16445				
			City	MIAMI	BEACH FI	- ² 33	160	
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.	lu In		
SIGNATURE .	Signature, year or printed name of registered agent as	nd title if explicable. (NOTE	: Registered Agent signatu	re required when reinsta	ting) DATE	17/00		
	•	FILE NO	W!!! FEE IS \$	50.00				
		Make Check Pa	yable to Departi	ment of State				
9. TITLE	MANAGING MEMBE	RS/MEMBERS	10.		ADDITIONS/CHANGE	S Change	Addition 8	
NAME	KLEIKAMP, GERTIE				PALLINE DUE.	A]	
STREET ADDRESS CITY-ST-ZIP	16400 COLLINS AVENUE MIAMI BEACH FL 33160		CITY- ST-ZIP				a	
TITLE Name		☐ Delete	TITLE NAME			☐ Change	Addition C	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS City-St-Zip					
TITLE -		. Delete		 -		Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS		000003238 -05/03 <u>/</u> 000	1 7U- 11330	9 01	
CITY-ST-ZIP		☐ Delete	CITY-81-ZIP		*****50.00	******** ☐ Change	Addition	
NAME STREE! ADDRESS			NAME STREET ADDRESS			_	_ -	
CITY- & T- ZIP		# ·	CITY-8T-ZIP		0 1 may 11 m			
TITLF, ¿ NAMÉ	· Ŀ	☐ Delete	TITLE NAME			Change	Addition	
STREET ADDRESS	,		STREET ADDRESS CITY-ST-ZIP				,	
TITLE		☐ Defete	TITLE			Change	Addition	
NAME Street Address			NAME STREET ADDRESS					
11. I hereby o	eertify that the information supplied with	this filing does not qualify for	the exemption stat	ed in Section 119	07(3)(i), Florida Statutes. I further o	ertify that the in	nformation	
indicated	on this report is true and accorate and to bility company or the receiver or trustee	hat my signature shall have :	the same legal effe	ct as if made unde	er oath; that I am a managing memb	per or manage	r of the	