

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 26 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LL99000003832

1. Entity Name

117 NE 1st Avenue, L.L.C.

Principal Place of Business

101 SW 15th Road
Miami, Florida 33129

Mailing Address

P.O. Box 393388
Miami, Florida 33239

2. Principal Place of Business

101 SW 15th Road

Suite, Apt. #, etc.

3. Mailing Address

141 NE 3rd Avenue

Suite, Apt. #, etc.

Suite 601

DO NOT WRITE IN THIS SPACE

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-0934321

Applied For

Not Applicable

Zip

Country

33129

USA

Zip

33132

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

Manuel Diner, P.A.
141 NE 3rd Avenue
Suite 601
Miami, Florida 33132

7. Name and Address of New Registered Agent

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM ☒ Delete
NAME Arbel Inc.
STREET ADDRESS P.O. Box 393388
CITY-ST-ZIP Miami, Florida 33239-0388

TITLE MGRM ☒ Delete
NAME BHP Promotions & Investments
STREET ADDRESS P.O. Box 393388 Limited
CITY-ST-ZIP Miami, Florida 33239-0388

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME Haim Einhorn
STREET ADDRESS P.O. Box 393388
CITY-ST-ZIP Miami, Florida 33239-0388

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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

Haim Einhorn, Manager 5/10/00

Date

Daytime Phone #

CR2E083 (1/199)