

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0004374 AF

DOCUMENT # L99000004065

1. Entity Name
HACIENDA COVE, LLC

00 APR 28 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
115 NW 167TH AVE., SUITE 300
NORTH MIAMI BEACH FL 33169

Mailing Address
115 NW 167TH AVE., SUITE 300
NORTH MIAMI BEACH FL 33169-6031



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

65-0941286

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

MWM

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRACY, GRANVIL M
115 NW 167TH AVE., SUITE 300
NORTH MIAMI BEACH FL 33169

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

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
AMERICAN VILLAGE DEVELOPMENT, INC.
115 NW 167TH AVE., SUITE 300
NORTH MIAMI BEACH FL 33169

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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-05/12/00--01016--024
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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 REQUIRED GRANVIL TRACY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)