

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L99000005178

1. Entity Name
N.A.M. ENTERPRISES L.C.

FILED
01 MAR -5 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C/O DAVID M. GOLDSTEIN, ESQUIRE
100 S.E. SECOND STREET, SUITE 2750
MIAMI FL 33131

Mailing Address
C/O DAVID M. GOLDSTEIN, ESQUIRE
100 S.E. SECOND STREET, SUITE 2750
MIAMI FL 33131



2. Principal Place of Business
200 S. Biscayne Blvd
Suite, Apt. #, etc.
Suite 1880
City & State
Miami, FL
Zip
33131

3. Mailing Address
200 S. Biscayne Blvd
Suite, Apt. #, etc.
Suite 1880
City & State
Miami, FL
Zip
33131

4. FEI Number **65-0951408** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
GOLDSTEIN, DAVID M ESQUIRE
100 S.E. SECOND STREET, SUITE 3750
MIAMI FL 33131

7. Name and Address of New Registered Agent
Name **David M. Goldstein, Esq**
Street Address (P.O. Box Number is Not Acceptable)
200 S. Biscayne Blvd, # 1880
City **Miami** FL Zip Code **33131**

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 **David M. Goldstein** 2/28/01
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM MALNICK, ALVIN I 100 S.E. SECOND STREET, SUITE 2750 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MALNIK, NATHAN A 100 S.E. SECOND STREET, SUITE 2750 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	200 S. Biscayne Blvd, # 1880 Miami, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200 S Biscayne Blvd, # 1880 Miami, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Alvin I. Malnick** 2/28/01 561-482-1010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)