

# 2001 UNIFORM BUSINESS REPORT (UBR)

1 of 2  
0032286  
SP

DOCUMENT # L99000005299

1. Entity Name  
ILONA BAY LLC.

FILED  
01 MAR 30 AM 10:17  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
2700 BAY AVENUE, SUNSET ISLAND #2  
MIAMI BEACH FL 33140

Mailing Address  
2700 BAY AVENUE, SUNSET ISLAND #2  
MIAMI BEACH FL 33140

2. Principal Place of Business

3. Mailing Address

Suite, Apt., etc.

Suite, Apt., etc.

City & State

City & State

4. FEI Number

650944675

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KUBIT, DONALD E ESO.  
100 S.E. 2ND STREET, 17TH FLOOR  
MIAMI FL 33131

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 MGR  
NAME ILONA DEVELOPMENT AND DESIGN LLC.  
STREET ADDRESS 2700 BAY AVENUE, SUNSET ISLAND #2  
CITY-ST-ZIP MIAMI BEACH FL 33140

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200003962872--0  
-04/06/01--01058--011  
\*\*\*\*\*58.00 \*\*\*\*\*50.00  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200003962872--0  
-08/30/01--01086--001  
\*\*\*\*\*65.00 \*\*\*\*\*65.00  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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)(l), 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 606, Florida Statutes.

SIGNATURE:

ILONA KUBIT 02.12.01

305 534 6512

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)

ILONA BAY L.L.C.

2 of 2

August 14, 2001

Subject: Ilona Bay L.L.C.  
Ref.Number: L99000005299

To Whom It May Concern:

I have included a copy of the check I have mailed out to you in May. I have called my bank, but they have told me that they never received it back; so it seems that it somehow must have gotten lost in the mail. I have included another check. Please call me if there are any problems: 305.531.6512.

Sincerely,



Ilona Mattli

L99000005299

dissolution / reinst