

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005363

1. Entity Name

AVENTURA PROFESSIONAL CENTER, L.L.C.

Principal Place of Business

C/O HOLTZMAN KRINZMAN EQUELS & FURIA P.A.  
2601 S BAYSHORE DRIVE SUITE 600  
MIAMI FL 33133

Mailing Address

C/O HOLTZMAN KRINZMAN EQUELS & FURIA P.A.  
2601 S BAYSHORE DRIVE SUITE 600  
MIAMI FL 33133

FILED

01 AUG 17 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

c/o Alan E. Krinzman  
Suite, Apt. #, etc.  
133 Sevilla Avenue

3. Mailing Address

c/o Alan E. Krinzman  
Suite, Apt. #, etc.  
133 Sevilla Avenue

City & State

Coral Gables, Florida

City & State

Coral Gables, Florida

Zip

33134

Country

Zip

33134

Country

4. FEI Number

65-0954912

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HKE&F REGISTERED AGENT CORP.  
2601 S BAYSHORE DRIVE  
SUITE 600  
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name

Alan E. Krinzman

Street Address (P.O. Box Number is Not Acceptable)

133 Sevilla Avenue

City

Coral Gables

FL

Zip Code

33134

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  
Due By September 26, 2001

400004547384--6  
-08/21/01--01067--015  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARLIN, KENNETH 1925 BRICKELL AVENUE TOWNHOUSE 19 MIAMI FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSS, ALAN 18305 BISCAYNE BLVD SUITE 302 AVENTURA FL 33160	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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:

SIGNATURE REQUIRED: Alan E. Krinzman, Attorney

Date

Daytime Phone #

(305) 444-7800  
8/10/01

CR2E083 (5/01)