

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90117 014 ****50.00

DOCUMENT # **L99000005363**

1. Entity Name

AVENTURA PROFESSIONAL CENTER, L.L.C.

Principal Place of Business

**C/O ALAN E. KRINZMAN
133 SEVILLA AVENUE
CORAL GABLES FL 33134**

Mailing Address

**C/O ALAN E. KRINZMAN
133 SEVILLA AVENUE
CORAL GABLES FL 33134**

948137

2. Principal Place of Business

Adorno & Zeder

3. Mailing Address

Adorno & Zeder

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2601 S Bayshore Dr., Ste. 1600

2601 S. Bayshore Dr. - Ste. 1600

City & State

City & State

Miami Florida

Miami Florida

Zip

Zip

Country

Country

33133

US

33133

US

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

**ALAN E. KRINZMAN
133 SEVILLA AVENUE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

Alan E. Krinzman

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

2601 S. Bayshore Drive

Suite 1600

City

Miami

FL

Zip Code

33133

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 **4/10/02**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

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

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
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:

ALAN E. KRINZMAN

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

Date

Daytime Phone #

4/10/02 860-7360

CR2E083 (9/01)