

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90082 043 ****50.00

DOCUMENT # L99000005508

1. Entity Name

PLAZA ISLE, LLC

Principal Place of Business

~~220 71ST STREET~~
~~SUITE 209~~
~~MIAMI BEACH FL 33141~~

Mailing Address

~~220 71ST STREET~~
~~SUITE 209~~
~~MIAMI BEACH FL 33141~~

2. Principal Place of Business

210-71 Street

3. Mailing Address

210-71 Street

Suite, Apt. #, etc.

309

Suite, Apt. #, etc.

309

City & State

Miami Beach, FL

City & State

Miami Beach, FL

Zip

33141

Country

USA

Zip

33141

Country

USA

4. FEI Number

65-0947385

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PIOTRKOWSKI, JOEL S ESQ
317 71ST STREET
MIAMI BEACH FL 33141

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☒ Delete
 NAME **YEHEZKEL, HAIM**
 STREET ADDRESS **220 71ST STREET SUITE 209**
 CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
 NAME **Yehezkel, Haim**
 STREET ADDRESS **210-71 Street # 309**
 CITY-ST-ZIP **Miami Beach, FL 33141**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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 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)(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:

Haim Yehezkel

1/11/02 (305) 864-8885

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

Date

Daytime Phone #

CR2E083 (9/01)