

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006139

1. Entity Name

JADE WINDS TOWER, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -1 PM 4:17

Principal Place of Business

C/O HOWARD N. FINK, CPA, P.A.
13899 BISCAYNE BLVD.
NORTH MIAMI BEACH FL 33181

Mailing Address

C/O HOWARD N. FINK, CPA, P.A.
13899 BISCAYNE BLVD.
NORTH MIAMI BEACH FL 33181-1600



2. Principal Place of Business

1747 VAN BUREN ST.

3. Mailing Address

1747 VAN BUREN ST.

Suite, Apt. #, etc.

840

Suite, Apt. #, etc.

840

City & State

Hollywood FL.

City & State

Hollywood FL.

Zip

33020

Country

U.S.

Zip

33020

Country

U.S.

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FINK, HOWARD N CPA, PA
13899 BISCAYNE BLVD.
NORTH MIAMI BEACH FL 33181

7. Name and Address of New Registered Agent

Name

HOWARD N. FINK CPA

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

1747 VAN BUREN ST.

STE. 840

City

Hollywood

FL

Zip Code

33020

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

Howard N. Fink

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-20-00

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME BERNSTEIN, FREDERICK
STREET ADDRESS ONE MEADOW DRIVE, APT. 3G
CITY-ST-ZIP WOODMERE NY 11598 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
100003123121-9
-02/03/00--01099--007
*****50.00 *****50.00

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: X

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1/24/00

516 374/630