

2000 UNIFORM BUSINESS REPORT (UBR)

0002918 AF

DOCUMENT # L99000006495

1. Entity Name
SHERIDAN EAST APTS, LLC

FILED

00 APR 10 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C/O RAMON CACICEDO
6505 BLUE LAGOON DRIVE, #240
MIAMI FL 33126

Mailing Address
C/O RAMON CACICEDO
6505 BLUE LAGOON DRIVE, #240
MIAMI FL 33126-6011



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

New address:
701 NW 62 Avenue, Suite 110
Miami, Florida 33126

New address:
701 NW 62 Avenue, Suite 110
Miami, Florida 33126

4. FEL Number

65-0973265

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

7. Name and Address of New Registered Agent

ADLER, KARL W
1700 NORTHEAST 26TH STREET #4
FT. LAUDERDALE FL 33305

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

10. ADDITIONS/CHANGES

TITLE MGR
NAME ADLER, KARL W
STREET ADDRESS 1700 NORTHEAST 26TH STREET #4
CITY-ST-ZIP FORT LAUDERDALE FL 33334

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

TITLE MGR
NAME CACICEDO, RAMON
STREET ADDRESS 6505 BLUE LAGOON DRIVE, #240
CITY-ST-ZIP MIAMI FL 33126

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

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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:

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

Date

Daytime Phone #

CR2E083 (9/99)

SIGNATURE REQUIRED JCS-002467

APR - 5 2000
MAR - 8 2000

305-265-1771

dcc