

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

00 JAN 28 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000006898

1. Entity Name

PINEWOOD ESTATES LLC

Principal Place of Business

7231 SW 63RD AVENUE
STE 200
MIAMI FL 33143

Mailing Address

7231 SW 63RD AVENUE
STE 200
MIAMI FL 33143-4814

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0955066

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERNANDEZ, FERNANDO
300 SEVILLA AVENUE
STE 206
CORAL GABLES FL 33134

Name

Moreira, Domingo R.

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

7231 SW 63 Avenue Suite 200

City

Miami

FL

Zip Code
33143

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

Secretary

January 06, 2000

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
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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TITLE
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STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP President
Hernandez, Francisco J. "MGR"
7231 SW 63 Avenue Suite 200
Miami, FL 33143 ☐ Change ☒

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP Secretary
Moreira, Domingo R. "MGR"
7231 SW 63 Avenue Suite 200
Miami, FL 33143 ☐ Change ☒

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP 000003121550--2
-02/02/00--01104--005
*****50.00 *****50.00 ☐ Change ☐

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

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

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

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 Secretary

01/06/00

(305) 663-4380

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

Date

Daytime Phone #