

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

0006092

DOCUMENT # L99000007117

1. Entity Name

HOWARD APARTMENTS, L.C.

02-05-2002 90059 002 *****50.00

Principal Place of Business

2121 PONCE DE LEON BOULEVARD, SUITE 1100
CORAL GABLES FL 33134

Mailing Address

2121 PONCE DE LEON BOULEVARD, SUITE 1100
CORAL GABLES FL 33134

2. Principal Place of Business

1034 PENNSYLVANIA AVE

3. Mailing Address

167 N.W. 25 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI BEACH FL

City & State

MIAMI FL

4. FEI Number

65-0955553

Applied For

Not Applicable

Zip

33139

Country

USA

Zip

33127

Country

USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LOMBARDI, DAVID
975 ARTHUR GODFREY RD. #209
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name

DAVID Lombardi

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

167 NW 25 ST

City

MIAMI

FL

Zip Code 33127

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)

DAVID Lombardi

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

(NOTE: Registered Agent signature required when reinstating)

1/25/02

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
NAME GOLDSTEIN, MICHAEL B
STREET ADDRESS 2121 PONCE DE LEON BOULEVARD, SUITE 1100
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE MGRM
NAME GOLDSTEIN, IRMA
STREET ADDRESS 2121 PONCE DE LEON BOULEVARD, SUITE 1100
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE MGRM
NAME HORWITZ, SANFORD B
STREET ADDRESS 2121 PONCE DE LEON BOULEVARD, SUITE 1100
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE MGRM
NAME HORWITZ, JANET L
STREET ADDRESS 2121 PONCE DE LEON BOULEVARD, SUITE 1100
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE MGRM
NAME LOMBARDI, DAVID L
STREET ADDRESS 975 ARTHUR GODFREY ROAD
CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Delete

TITLE MGRM
NAME LOMBARDI, SHARI B
STREET ADDRESS 975 ARTHUR GODFREY ROAD
CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Delete

10. ADDITIONS/CHANGES

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

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:

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

(Signature)
DAVID Lombardi

1/25/02

(305) 695-1600

Date

Daytime Phone #

CR2E083 (9/01)