

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007879

1. Entity Name
ENCLAVE SHORES, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 13 AM 11:27

Principal Place of Business
545 MICHIGAN AVENUE, SUITE #1
MIAMI BEACH FL 33139

Mailing Address
545 MICHIGAN AVENUE, SUITE #1
MIAMI BEACH FL 33139-6327



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

05-0967067

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

MELAND & RUSSIN, P.A.
2420 FIRST UNION FINANCIAL CENTER
200 SOUTH BISCAYNE BOULEVARD
MIAMI FL 33131

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)

MARU MELANO

3/2/00
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

MGRM
ENCLAVE GARDENS CORPORATION
545 MICHIGAN AVENUE, SUITE #1
MIAMI BEACH FL 33139

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP

MGRM
SOUTHEAST FLORIDA MANAGEMENT, INC.
200 SOUTH BISCAYNE BOULEVARD, SUITE 2420
MIAMI FL 33131

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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

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

Date

Daytime Phone #

2/5/2000-301-864-8763

CR2E083 (9/99)