

2001 UNIFORM BUSINESS REPORT (UBR)

0001204 AF

DOCUMENT # L99000007879

1. Entity Name

ENCLAVE SHORES, L.C.

FILED

01 MAR -9 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

545 MICHIGAN AVENUE, SUITE #1
MIAMI BEACH FL 33139

Mailing Address

545 MICHIGAN AVENUE, SUITE #1
MIAMI BEACH FL 33139

SAME

610 P.A. N/W 26 ST

SUNRISE FL 33313

2. Principal Place of Business

3. Mailing Address

610 P.A. N/W 26 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUNRISE FL

City & State

City & State

Zip

Country

Zip

Country

33313

BROWARD.

4. FEI Number

65-0967067

Applied For

Not Applicable

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

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)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM.
SOUTHEAST FLORIDA MANAGEMENT, INC.
200 SOUTH BISCAYNE BOULEVARD, SUITE 2420
MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
0000038510 Change ☐ Addition
-03/13/01-01097-023
*****50.00 *****50.00

TITLE
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☐ Delete

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☐ 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 REQUIRED

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

Date

Daytime Phone #

MANAGER 01/1/01 307-613-7184

CP2E083 (11/00)