

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MIM

DOCUMENT # L99000008192

1. Entity Name
RENTACASA, L.C.

Principal Place of Business
1621 BAY ROAD, SUITE 1203
MIAMI BEACH FL 33139

Mailing Address
1621 BAY ROAD, SUITE 1203
MIAMI BEACH FL 33139-3266

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

65-0964995

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

WRUBEL, DAVID
1 S.E. THIRD AVENUE, 10TH FLOOR
MIAMI FL 33131

Name

Wrubel, David

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

1621 BAY ROAD #1203

City

Miami Beach

FL

Zip Code

33139

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

David Wrubel

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/3/00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME MANAGING MEMBER
STREET ADDRESS DAVID WRUBEL
CITY-ST-ZIP 1621 BAY ROAD #1203
MIAMI BEACH, FL 33139

TITLE ☐ Change ☐ Addition
NAME 0000003249790--1
STREET ADDRESS -05/11/00--01129--004
CITY-ST-ZIP *****50.00 *****50.00

TITLE ☐ Delete
NAME MANAGING MEMBER
STREET ADDRESS DANIEL STUZIN
CITY-ST-ZIP 1450 BRICKELL BAY DR #509
MIAMI, FL 33131

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

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

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

4/3/00

Date

(305) 531-8747

Daytime Phone #

CR 1 003 (9/99)