

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 14 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L99000008661

1. Entity Name

PH LAND DEVELOPMENT LIMITED COMPANY

Principal Place of Business
570 WEST 18TH STREET
HIALEAH, FL. 33012

Mailing Address
570 WEST 18TH STREET
HIALEAH, FL. 33012

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MNm

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0967834

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAROLD E. PATRICOFF
c/o SHUTTS & BOWEN, LLP
201 S. BISCAYNE BOULEVARD
#1500 MIAMI CENTER
MIAMI, FL. 33131

7. Name and Address of New Registered Agent

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
MANAGER
HAROLD E. PATRICOFF
201 S. BISCAYNE BOULEVARD, #1500
MIAMI, FL. 33131 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER
HERMINIA HERRERA
570 WEST 18TH STREET
HIALEAH, FL. 33012 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
400003224164-4
-04/26/00--01015--024
*****50.00 *****50.00

TITLE
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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:



3-16-00

305-379-9189

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

Date

Daytime Phone #

CR2E083 (11/99)