

2001 UNIFORM BUSINESS REPORT (UBR)

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

FILED

01 JAN 25 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

570 W. 18 ST
Suite, Apt. #, etc.

3. Mailing Address

SAHC
Suite, Apt. #, etc.

City & State

Hialeah
33012

City & State

SAHC
33012

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

PATRICOFF, HAROLD E
% SHUTTS & BOWEN, LLP
201 S. BISCAYNE BOULEVARD, #1500 MIAMI CTR
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

TITLE MGR
NAME PATRICOFF, HAROLD E
STREET ADDRESS 201 S. BISCAYNE BOULEVARD, #1500
CITY-ST-ZIP MIAMI FL 33131

TITLE MGRP
NAME HERRERA, HERMINIA
STREET ADDRESS 570 WEST 18TH STREET
CITY-ST-ZIP HIALEAH FL 33012

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)