

2000 UNIFORM BUSINESS REPORT (USE...)

L99000008724

DOCUMENT

1. Entity Name

FIRST FLORIDA REAL ESTATE INTERNATIONAL, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 SEP 18 AM 10:02

Principal Place of Business

Mailing Address

2. Principal Place of Business

2421 TERESA Circle

3. Mailing Address

2421 TERESA Circle

Suite, Apt. #, etc.

B

Suite, Apt. #, etc.

B

City & State

TAMPA

FL

City & State

TAMPA

FL

4. FEI Number

59-3638086

Applied For

Not Applicable

Zip

33629

Country

US

Zip

33629

Country

US

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

Name

MANUEL ELKIND MGRM

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

2421 TERESA Circle

B

City

TAMPA

FL

Zip Code

33629

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

MGRM

MANUEL ELKIND

4/28/00

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEMBER
STREET ADDRESS	MANUEL ELKIND MGRM
CITY-ST-ZIP	2421-B TERESA Circle TAMPA FL 33629
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	600003408626--8
CITY-ST-ZIP	-03/28/00--01098--025
	*****50.00 *****50.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

MGRM -

4/28/00

Date

Daytime Phone #

813-251-0895

CR2E083 (11/99)