2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000000234

1. Entity Name
3050 AVENTURA BOULEVARD LLC

FILED
01 APR 23 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0007852 AF

Principal Place of Business	Mailing Address
3195 N. POWERLINE RD. #104 POMPANO BEACH FL 33069	3195 N. POWERLINE RD. #104 POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3050 AVENTURA BLVD.	26 WESTWARD DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: AVENTURA, FL	City & State: MIAMI SPRINGS, FL
Zip: — Country: U.S.	Zip: 33166 Country: U.S.

4. FEI Number 65-0977893 ☐ 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
~~BRENNER, SCOTT F~~ 3195 N. POWERLINE RD, #104 POMPANO BEACH FL 33069	Name: ARNOLD PERLSTEIN, ESQ. Street Address (P.O. Box Number is Not Acceptable): 4801 S. UNIVERSITY DRIVE, 2ND FL. City: DAVIE FL Zip Code: 33328

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] 3/24/01
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

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-05/07/01--01047--004
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER REPUBLIC CAPITAL GROUP, INC. ☐ Delete 26 WESTWARD DRIVE MIAMI SPRINGS, FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (11/00)

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.

REPUBLIC CAPITAL GROUP, INC.
SIGNATURE: By [signature] IRA WEISS, PRESIDENT 3/24/01 (305) 885-2461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #