

2001 UNIFORM BUSINESS REPORT (UBR)

001373 AF

LR 2/21

DOCUMENT # M00000001654

**1. Entity Name
BISCAYNE CENTRE, LLC**

FILED

01 FEB 21 PM 3:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
11900 BISCAYNE BLVD., SUITE 100
MIAMI FL 33181-2758

Mailing Address
11900 BISCAYNE BLVD., SUITE 100
MIAMI FL 33181-2758



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

**4. FEI Number
65-1028927**

Applied For
Not Applicable

Zip Country

Zip Country

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

**BERMAN WOLFE RENNERT VOGEL & MANDLER, P.A.
100 SE SECOND ST., SUITE 3500
MIAMI FL 33131-2130**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

9. MANAGING MEMBERS/MEMBERS Delete

10. ADDITIONS/CHANGES Change Addition

TITLE NAME PUTZER, JEAN (MGRM)
STREET ADDRESS 950THIRD AVE, 31st FLOOR
CITY-ST-ZIP NEW YORK, NY 10022

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME WAGMAN, RICHARD (MGR)
STREET ADDRESS 950 THIRD AVE, 31st FLOOR
CITY-ST-ZIP NEW YORK, NY 10022

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

**4000003768424--4
-02/26/01--01132--025
*****50.00 *****50.00**

TITLE NAME COLTON, ABRAHAM (MGR)
STREET ADDRESS 155 WEST 72nd STREET, # 602
CITY-ST-ZIP NEW YORK, NY 10023

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
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TITLE 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: *JEAN PUTZER* JEAN PUTZER PRESIDENT 01/24/01 (305) 893-6117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)