

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M02000003377

1. Entity Name

BAYVIEW MALLS LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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3/19

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4425 Ponce de Leon Blvd

3. Mailing Address

4425 Ponce de Leon Blvd

Suite, Apt. #, etc.

4th FLOOR

Suite, Apt. #, etc.

4th FLOOR

City & State

CORAL GABLES FLA

City & State

CORAL GABLES FL

Zip

33146

Country

Zip

33146

Country

4. FEI Number

14-1861225

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

BRIAN E. BOMSTEIN, ESQ.

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

4425 Ponce de Leon Blvd.

4th Floor

City

Coral Gables

FL

Zip Code

33146

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(BRIAN E. BOMSTEIN)

2/26/03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE MGR / P  
NAME ERTEL, DAVID  
STREET ADDRESS 4425 Ponce de Leon Blvd. 4th Floor  
CITY-ST-ZIP Coral Gables FL 33146

TITLE MGR / SVP  
NAME QUINT, DAVID  
STREET ADDRESS 4425 Ponce de Leon Blvd. 4th Floor  
CITY-ST-ZIP Coral Gables FL 33146

TITLE MGR / SVP  
NAME OPPENHEIM, ROBERT  
STREET ADDRESS 4425 Ponce de Leon Blvd. 4th Floor  
CITY-ST-ZIP Coral Gables FL 33146

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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

2/26/03

Date

305-854-8880

Daytime Phone #

CR2E083B (12/02)