

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001154

1. Entity Name

POINT ROYALE ASSOCIATES, L.L.C.

Principal Place of Business

2665 S BAYSHORE DR  
SUITE 202  
MIAMI FL 33133

Mailing Address

2665 S BAYSHORE DR  
SUITE 202  
MIAMI FL 33133

2. Principal Place of Business

9400 S. Dade Blvd  
Suite, Apt. #, etc.  
Suite 100

City & State  
Miami FL

Zip Country  
33156 USA

3. Mailing Address

9400 S. Dade Blvd  
Suite, Apt. #, etc.  
Suite 100

City & State  
Miami, FL

Zip Country  
33156 USA

FILED

01 APR 18 PM 2:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0934120

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

POINT ROYALE PARTNER, S  
2665 S BAYSHORE DR  
SUITE 202  
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name

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

9400 S. Dade Blvd  
Suite 100

City

FL

Zip Code  
33156

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

*David Deutch*  
David Deutch Vice President

4/11/01

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM  
STREET ADDRESS POINT ROYALE PARTNERS  
CITY-ST-ZIP 2665 S BAYSHORE DR SUITE 202  
MIAMI FL 33133 ☐ Delete

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS 9400 S. Dade Blvd #100  
CITY-ST-ZIP miami, FL 33156

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 700004078302  
CITY-ST-ZIP -04/25/01--01092--030  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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:

*David Deutch*  
David Deutch 4/11/01 (305) 854-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)