

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000098535

1. Entity Name
AVENTURA LANDINGS, INC.

Principal Place of Business

**5101 COLLINS AVE
MIAMI BEACH FL 33140**

Mailing Address

**5101 COLLINS AVE
MIAMI BEACH FL 33140**

2. Principal Place of Business

**5101 COLLINS AVE
Management Office**

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

Zip

33140

Country

Zip

Country

6. Name and Address of Current Registered Agent

**ZARETSKY, LOUIS D
555 NE 15TH ST, STE 100
MIAMI FL 33132**

7. Name and Address of New Registered Agent

Name **Homero F. Meeuelo**
Street Address (P.O. Box Number is Not Acceptable) **5101 Collins Ave**
Management Office
City **Miami Beach** FL Zip Code **33140**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/27/01
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ Delete
NAME **MERUELO, HOMERO F**
STREET ADDRESS **5101 COLLINS AVE**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/01 (305) 865-1050
Date Daytime Phone #

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90089 004 ***150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)