

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000102152

1. Entity Name

AVENTURA LANDINGS III, 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

Suite, Apt. #, etc.
Management office

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

MIAMI BEACH, Fla.

City & State

Zip

33140

Country

Zip

Country

6. Name and Address of Current Registered Agent

ZARETSKY, LOUIS D
555 NE 15TH STREET, #100
MIAMI FL 33132

7. Name and Address of New Registered Agent

Name: HOMERO F. MERUELO
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.

HOMERO F. MERUELO
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 NAME STREET ADDRESS CITY-ST-ZIP	DPS MERUELO, HOMERO F 5101 COLLINS AVE. MIAMI BEACH FL 33140	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 3051 865-1250
Date Daytime Phone #

FILED
May 23, 2001 8:00 am
Secretary of State

04-05-2001 90089 001 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)