

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90128 043 ***150.00

DOCUMENT # P02000012356

1. Entity Name
LNR SABELLA LIMITED, INC.



Principal Place of Business
**760 N.W. 107TH AVENUE
SUITE 300
MIAMI FL 33176**

Mailing Address
**760 N.W. 107TH AVENUE
SUITE 300
MIAMI FL 33176**

11030958



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**1601 Washington Ave., Suite 800
Miami Beach, FL 33139**

**1601 Washington Ave., Suite 800
Miami Beach, FL 33139**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

75-2986378

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUBIN, SHELLY
760 N.W. 107TH AVENUE
SUITE 300
MIAMI FL 33176**

Name

ble)

**1601 Washington Ave., Suite 800
Miami Beach, FL 33139**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, LEONARD 700 N.W. 107TH AVENUE MIAMI FL 33176	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAIONTZ, STEVEN J 760 N.W. 107TH AVENUE, SUITE 300 MIAMI FL 33172	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, STUART A 700 N.W. 107TH AVENUE MIAMI FL 33176	<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	PD Krasnoff, Jeffrey P 1601 NW 107th Ave., Suite 800 Miami Beach, FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	848 Brickell Avenue, #100 Miami, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Rubin, Shelly 1601 Washington Ave., Suite 800 Miami Beach, FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AC Lieberman, Arthur J 1601 Washington Ave., Suite 800 Miami Beach, FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/02
Date

305/695-5500
Daytime Phone #

CR2E034 (10/02)