

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # Z00593.

1. Entity Name

DIAMOND CLUB OF MIAMI BEACH, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 31 AM 8:12

Principal Place of Business

DEJA VU
2004 COLLINS AVE.
MIAMI BEACH FL 33139
US

Mailing Address

DEJA VU
2004 COLLINS AVE.
MIAMI BEACH FL 33139-1914
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0342618

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENJAMIN, JULIAN
1100 PONCE DE LEON BLVD
CORAL GABLES FL 33134

Name

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

City

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.

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME M GRIFFITH, LINDA
STREET ADDRESS 2000 COLLINS AVE.
CITY- ST- ZIP MIAMI BEACH FL

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP
200003121202--8
-02/02/00--01088--007
*****50.00 *****50.00

TITLE NAME M DEJA VU INC.
STREET ADDRESS 3800 CAPITAL CITY BLVD.
CITY- ST- ZIP LANSING MI

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

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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: Donald Krantz, Pres. Deja Vu, Inc. - Manager 1/21/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #