

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000101487

**Entity Name:** EUCLID PARK LLC

**Current Principal Place of Business:**

1852 NE 144 ST  
NORTH MIAMI, FL 33181

**Current Mailing Address:**

1852 NE 144 ST  
ZIAD@ZIADRAPHAE.COM  
NORTH MIAMI, FL 33181 US

**FEI Number:** 81-2754590

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RAPHAEL, ZIAD R  
13801 NE 3RD CT  
B128  
NORTH MIAMI, FL 33161 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGR  
Name GLOBAL ADVISING LLC  
Address 13801 NE 3RD CT B128  
City-State-Zip: NORTH MIAMI FL 33161

Title MGR  
Name INFINITI REAL ESTATE LLC  
Address 1852 NE 144 ST  
City-State-Zip: NORTH MIAMI FL 33181

Title AMBR  
Name RAPHAEL, ELISSA SOFIA  
Address 13801 NE 3RD CT  
B128  
City-State-Zip: NORTH MIAMI FL 33161

Title AMBR  
Name RAPHAEL, LILA MARIA  
Address 13801 NE 3RD CT  
B128  
City-State-Zip: NORTH MIAMI FL 33161

Title AMBR  
Name GHANDOUR, KARIM  
Address 1852 NE 144 ST  
City-State-Zip: NORTH MIAMI FL 33181

Title AMBR  
Name GHANDOUR, CELINE  
Address 1852 NE 144 ST  
City-State-Zip: NORTH MIAMI FL 33181

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** /FARES GHANDOUR/

01/16/2019

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date