

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000001208**

1. Entity Name  
**1481 WEST 41ST STREET, L.L.C.**

**REINSTATEMENT FILED**

**01 OCT 22 PM 12:17**

Principal Place of Business  
**6061 COLLINS AVE., SUITE 12-C  
C/O RICK BLANCO, JR.  
MIAMI BEACH FL 33140**

Mailing Address  
**6061 COLLINS AVE., SUITE 12-C  
C/O RICK BLANCO, JR.  
MIAMI BEACH FL 33140**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



2. Principal Place of Business  
**1481 West 41 Street**

3. Mailing Address  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Hialeah FL**

City & State

4. FEI Number

Applied For  
 Not Applicable

Zip  
**33012**

Country  
**MIAMI DADE**

Zip

Country

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**LICKSTEIN, FRED K ESQ.  
FOWLER, WHITE, BURNETT, HURLEY, BANICK & S  
100 S.E. 2ND STREET, 17TH FLOOR  
MIAMI FL 33131**

Name  
**RICK BLANCO JR**

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

**6061 Collins Ave # 12-C**

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]*

**RICK BLANCO JR**

**10-5-01**

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  
Due By September 26, 2001**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
BLANCO, IMILSE  
2519 WEST 9TH COURT  
HIALEAH FL 33010**  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**BLANCO, IMILSE  
7089 W. 4 CRT.  
HIALEAH FL 33014**  Change  Addition **(MGRM)**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
BLANCO, RICK JR.  
6061 COLLINS AVE., SUITE 12-C  
MIAMI BEACH FL 33140**  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**800004659348-1  
-10/30/01--01062--006  
\*\*\*\*155.00 \*\*\*\*155.00**  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**10-5-01 305 439 9954**

Date

Daytime Phone #

CR2E083 (5/01)