

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000002453

FILED
Feb 21, 2002 8:00 AM
Secretary of State

Entity Name: 3200 NORTH MIAMI AVENUE, LLC

Current Principal Place of Business:

3200 NORTH MIAMI AVENUE
MIAMI, FL 33127

New Principal Place of Business:

713 NE 26TH AVE
HALLANDALE, FL 33009

Current Mailing Address:

C/O GALUSTYANTS
708 NE 26TH AVE
HALLANDALE, FL 33009

New Mailing Address:

C/O GALUSTYANTS
713 NE 26TH AVE
HALLANDALE, FL 33009

FEI Number: 65-0987513

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALUSTYANTS, BELLA
708 NE 26TH AVE
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

GALUSTYANTS, BELLA
713 NE 26TH AVE
HALLANDALE, FL 33009 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:

02/21/2002

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: GALUSTYANTS, BELLA
Address: 708 NE 26TH AVE
City-St-Zip: HALLANDALE, FL 33009

Title: MGRM () Delete
Name: BOULMAROUF, NAZHIA
Address: 22 SARATOGA DRIVE
City-St-Zip: JERICO, NY 11753

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GALUSTYANTS, BELLA
Address: 713 NE 26TH AVE
City-St-Zip: HALLANDALE, FL 33009

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 608, Florida Statutes.

SIGNATURE: BELLA GALUSTYANTS

MGRN

02/21/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date