

2001 UNIFORM BUSINESS REPORT (UBR)

UBR-14 N

DOCUMENT # L00000009099			
1. Entity Name H DOUBLE OT OF FLORIDA, LC			
Principal Place of Business 929 WASHINGTON AVENUE MIAMI BEACH FL 33139		Mailing Address 929 WASHINGTON AVENUE MIAMI BEACH FL 33139	
2. Principal Place of Business		3. Mailing Address P.O. Box 562438	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Miami, Florida	
Zip	Country	Zip	Country
		33256	USA

FILED
01 APR 27 PM 2: 54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
LICKSTEIN, FRED K 100 S.E. 2ND STREET, 17TH FLOOR MIAMI FL 33131				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOYOS, OLIVER 300 SOUTH POINTE DRIVE, APT. 3601 MIAMI BEACH FL 33139	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000004211620-2 -05/11/01--01071--007 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

4-27-01 305-534-4452

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)