

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000001096

1. Entity Name

7800 NE 2ND AVE, L.C.

Principal Place of Business

419 W. 49TH ST. #106
HIALEAH FL 33012-3602

Mailing Address

419 W. 49TH ST. #106
HIALEAH FL 33012-3655

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

4. FEI Number

65-0704605

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

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

TITLE NAME MGR FISHER, RONALD P ☐ Delete
STREET ADDRESS 1801 CENTURY PARK E., #2400
CITY- ST- ZIP LOS ANGELES CA 90067-2326

TITLE NAME MGR FISHER, JAMES Q ☐ Delete
STREET ADDRESS 1801 CENTURY PARK E., #2400
CITY- ST- ZIP LOS ANGELES CA 90067-2326

TITLE NAME MGR FISHER, RICHARD J ☐ Delete
STREET ADDRESS 1801 CENTURY PARK E., #2400
CITY- ST- ZIP LOS ANGELES CA 90067-2326

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 600003224256--6
CITY- ST- ZIP -04/26/00--01017--021

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *****50.00 *****50.00
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
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:

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

Date

Daytime Phone #

APPROVED
AND
FILED

00 APR 13 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E083 (9/99)