## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L9600001097

1. Entity Name

746 NW 62ND ST, L.C.

Principal Place of Business

Mailing Address

419 W. 49TH ST., #106

419 W. 49TH ST., #106

2. Principal Place of Business  Suite, Apt. #, etc.  City & State		3. Mailing Address  Suite, Apt. #, etc.  City & State									
							Zip	Country	Zip	Country	

**FILED** May 06, 2002 8:00 am Secretary of State 05-06-2002 90191 012 \*\*\*\*50.00

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2. Principal Place of Business		1000	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE		18 38111 1881 1881		
City & State			City & State			4. FFI	Number CF 0704F04	<del> </del>	Applied For	_
7in							65-0704501	· —	Not Applicabl	
Zip Country			Zip Count		itry	5. Cert	5. Certificate of Status Desired S5.00 Addition Fee Required			
	6. Name	and Address of Current R	egistered Agent			7. Nam	e and Address of New Reg			$\dashv$
704	OA NE AND	WE 10			Name					ᅱ
7800 NE 2ND AVE, L.C. 419 W. 49TH ST. #106 HIALEAH FL 33012-3602					Street Address (P.O. Box Number is Not Acceptable)					$\dashv$
										-
					City	-		FL Zip Co	de	┨
8. The above	named entity	submits this statement for t	he purpose of changing its	registere	ed office or re	gistered agent.	or both, in the State of Florid			$\dashv$
										Ì
SIGNATURE	Signature, typed o	r printed name of registered agent and	I title if applicable. (NOT	E: Registered	Agent signature r	equired when reinstat	ing)	DATE		
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			Make Check Pa							
•			* Du	e By Ma	y 1, 2002					}
9.		MANAGING MEMBERS	/MANAGERS	10.	9		ADDITIONS/CH	ANGES		_
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NAME	FISHER, J		L DOIGIE	NAME				☐ Change	☐ Addition	1
STREET ADDRESS CITY-ST-ZIP	1801 CEN	TURY PARK E., #2400		STREE	T ADDRESS					1
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NAME	FISHER, R	NCHARD I	☐ Delete	TITLE			<del></del>	☐ Change	Addition	1
STREET ADDRESS		TURY PARK E., #2400		NAME STREET	ADDRESS					Į
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ITLE		<del></del>	☐ Delete	TITLE				☐ Change	Addition	
TREET ADDRESS				NAME					, soundil ا	
TY-ST-ZIP				STREET CITY-ST	ADDRESS					
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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, MANAGER, OR AUTHORIZED REPRESENTATIVE