

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0001685 AF

DOCUMENT # L970000000046

1. Entity Name  
12955 NW 7TH AVENUE, L.C.

00 APR 13 AM 10:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
419 WEST 49TH STREET  
#106  
HIALEAH FL 33012-3602

Mailing Address  
419 WEST 49TH STREET  
#106  
HIALEAH FL 33012-3655



DO NOT WRITE IN THIS SPACE

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

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number 65-0722985  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

7800 NE 2ND AVE, L.C.  
419 WEST 49TH STREET  
#106  
HIALEAH FL 33012-3602

## 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 \_\_\_\_\_ (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			10. ADDITIONS / CHANGES	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, RONALD P		NAME	
STREET ADDRESS	1801 CENTURY PK EAST #2400		STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90067-2326		CITY-ST-ZIP	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, JAMES Q		NAME	
STREET ADDRESS	1801 CENTURY PK EAST #2400		STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90067-2326		CITY-ST-ZIP	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, RICHARD J		NAME	
STREET ADDRESS	1801 CENTURY PK EAST #2400		STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90067-2326		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER  
Date 4/10/00 Daytime Phone # 305 556 6627

CR2E083 (9/99)