

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001373

1. Entity Name

1776 PROPERTIES, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 31 AM 8:14

Principal Place of Business

8491 N.W. 17TH STREET, SUITE L
MIAMI FL 33126

Mailing Address

8491 N.W. 17TH STREET, SUITE L
MIAMI FL 33126-1025

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0865011

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEWIS, HAROLD L ESQ.
C/O HABER, LEWIS & PATHMAN, LLP
2 SOUTH BISCAYNE BLVD., SUITE 3660
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

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

10. ADDITIONS / CHANGES

TITLE NAME MGR
STREET ADDRESS KIBLER, LAWRENCE L
CITY- ST- ZIP 8491 N.W. 17TH STREET, SUITE L
MIAMI FL 33126 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 300003121683--8
CITY- ST- ZIP -02/03/00--01003--011

TITLE NAME MGR
STREET ADDRESS KIPNIS, DONALD J
CITY- ST- ZIP 8491 N.W. 17TH STREET, SUITE L
MIAMI FL 33126 ☐ Delete

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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TITLE NAME ☐ Delete
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TITLE NAME ☐ Delete
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 #

1-26-2000 305 599-2300