

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 18 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L98000001599**

1. Entity Name
1801 BUILDING, LLC

Principal Place of Business
**1801 N.W. 82ND AVENUE
MIAMI FL 33126-1013**

Mailing Address
**1801 N.W. 82ND AVENUE
MIAMI FL 33126-1013**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0862471

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AGUIRRE, JOSE
1801 N.W. 82ND AVENUE
MIAMI FL 33126-1013**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

B. 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

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MGRM AGUIRRE, JOSE		NAME	
STREET ADDRESS 1801 N.W. 82ND AVENUE		STREET ADDRESS	
CITY - ST - ZIP MIAMI FL 33126-1013		CITY - ST - ZIP	
NAME MGR ROBERTS, LEONARD C		NAME	
STREET ADDRESS 1801 N.W. 82ND AVENUE		STREET ADDRESS	
CITY - ST - ZIP MIAMI FL 33126-1013		CITY - ST - ZIP	
NAME MGR ROBERTS, BRUCE D		NAME	
STREET ADDRESS 1801 N.W. 82ND AVENUE		STREET ADDRESS	
CITY - ST - ZIP MIAMI FL 33126-1013		CITY - ST - ZIP	
NAME MGR GLUKSTAD, PHYLLIS		NAME	
STREET ADDRESS 1801 N.W. 82ND AVENUE		STREET ADDRESS	
CITY - ST - ZIP MIAMI FL 33126-1013		CITY - ST - ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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*******50.00 *****50.00**

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:

Jose Aguirre

Jose Aguirre 4/17/00 305-5940038

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

Date

Daytime Phone #

CR2E083 (9/99)