

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0006660 AF

DOCUMENT # **L99000002684**

1. Entity Name
1800 N.E. 26TH ST., LLC

00 APR 23 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5888 NORTH OCEAN BLVD.
OCEAN RIDGE FL 33435

Mailing Address
5888 NORTH OCEAN BLVD.
OCEAN RIDGE FL 33435-6238



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc

City & State

City & State

4. FEI Number

65-0924062

Applied For

Not Applicable

Zip Country

Zip Country

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

DO NOT WRITE IN THIS SPACE

MNM

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLOCH, STUART E
980 NORTH FEDERAL HIGHWAY, SUITE 205
BOCA RATON FL 33432

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 _____

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 Delete
MGRM
ESTRA, JORDAN
STREET ADDRESS **5888 NORTH OCEAN BLVD.**
CITY-ST-ZIP **OCEAN RIDGE FL 33435**

TITLE NAME Change Addition
300003245839--1
-05/09/00--01128--025
*******50.00 *****50.00**

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

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: *Jordan Munk Estrera* **JORDAN Munk ESTRA** 4/14/00 561-994-9600 X109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)