

**2000 UNIFORM BUSINESS REPORT (UBR)**

APPROVED  
AND  
FILED

DOCUMENT # L99000003390

1. Entity Name

11010 Seventh Avenue Investments, L.L.C.

00 MAY -4 PM 2:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

201 ALHAMBRA CIRCLE  
STE 1102  
CORAL GABLES FL 33134

Mailing Address

201 ALHAMBRA CIRCLE  
STE 1102  
CORAL GABLES FL 33134-5108

2. Principal Place of Business

48 EAST FLAGLER

3. Mailing Address

48 EAST FLAGLER

Suite, Apt. #, etc.

379

Suite, Apt. #, etc.

379

City & State

MIAMI FL.

City & State

MIAMI, FL.

4. FEI Number

65-0927921

Applied For  
 Not Applicable

Zip

33131

Country

US

Zip

33131

Country

US

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SKRLD, INC.  
201 ALHAMBRA CIRCLE  
STE 1102  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name SALOMON GOLD  
Street Address (P.O. Box Number is Not Acceptable)  
48 EAST FLAGLER #379  
City MIAMI FL Zip Code 33131

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]  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/00

**FILE NOW!!! FEE IS \$50.00 ✓**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE	<u>MGR</u>	<input type="checkbox"/> Delete
NAME	<u>GOLD, SALOMON</u>	
STREET ADDRESS	<u>8870 S.W. 40TH STREET ATE 8</u>	
CITY-ST-ZIP	<u>MIAMI FL</u>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

200003273532-4  
06/01/00 01856 287  
\*\*\*\*\*50.00 \*\*\*\*\*30.00

**PAID**  
APR 30 2000  
cd #1741

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]

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

4/28/00

305-374-5511

Daytime Phone

Daytime Phone