

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L96000001102

1. Entity Name
330 NW 71ST ST, L.C.

00 APR 13 AM 10:13

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MM

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0704456

Applied For

Not Applicable

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

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

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
STREET ADDRESS
CITY- ST- ZIP

MGR
FISHER, RONALD P
1801 CENTURY PARK EAST, #2400
LOS ANGELES CA 90067-2326

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

MGR
FISHER, JAMES Q
1801 CENTURY PARK EAST, #2400
LOS ANGELES CA 90067-2326

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

600003224456-8
-04/26/00-01027-006
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

MGR
FISHER, RICHARD J
1801 CENTURY PARK EAST, #2400
LOS ANGELES CA 90067-2326

☐ Delete

TITLE
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2F083 (9/99)