

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0001694 AF

DOCUMENT # L96000001099

1. Entity Name
7155 NW 2ND CT, L.C.

00 APR 13 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
419 W 49TH STREET, #106
HIALEAH FL 33012-3602

Mailing Address
419 W 49TH STREET, #106
HIALEAH FL 33012-3655



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number
65-0704598

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

7800 NE 2ND AVE, L.C.
419 W 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 _____ (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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR FISHER, JAMES Q 1801 CENTURY PARK EAST #2400 LOS ANGELES CA 90067-2326	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	300003224253--6 -04/26/00--01017--020 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR FISHER, RICHARD J 1801 CENTURY PARK EAST #2400 LOS ANGELES CA 90067-2326	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED
Signature and typed or printed name of signing managing member or manager
Date Daytime Phone #

CR2E083 (9/99)