

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006024

1. Entity Name  
290 PROFESSIONAL BUILDING LLC

FILED

01 FEB -5 PM 4:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
1925 BRICKELL AVE  
BRICKELL PLACE CONDOMINIUM SUITE D-206  
MIAMI FL 33129

Mailing Address  
1925 BRICKELL AVE  
BRICKELL PLACE CONDOMINIUM SUITE D-206  
MIAMI FL 33129

2. Principal Place of Business  
290 W. 49th St.  
Suite, Apt. #, etc.

3. Mailing Address  
290 W. 49th St.  
Suite, Apt. #, etc.

City & State  
HIALEAH FL

City & State  
HIALEAH, FL

4. FEI Number  
65-1016595

Applied For  
Not Applicable

Zip  
33012

Country

Zip  
33012

Country

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

6. Name and Address of Current Registered Agent  
ROGER BESU-PA  
1925 BRICKELL AVE  
BRICKELL PLACE CONDOMINIUM SUITE D-206  
MIAMI FL 33129

7. Name and Address of New Registered Agent  
Name  
ALEX J. MARBAN  
Street Address (P.O. Box Number is Not Acceptable)  
290 W. 49th  
City  
HIALEAH FL Zip Code  
33012

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 01-26-01  
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 MARBAN, ALEX J 5075 SW 63RD AVE MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	290 W. 49th St HIALEAH, FL 33012 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARBAN, JANET PADRON 5075 SW 63RD AVE MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	290 W. 49th St HIALEAH, FL 33012 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300003677455 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition -02/13/01--01104--011 *****50.00 *****50.00
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
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
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: ALEX J. MARBAN 01-26-01 (305) 557-0642

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CR2E083 (11/00)