

2001 UNIFORM BUSINESS REPORT (UBR)

0009332 AF

DOCUMENT # L00000007817

1. Entity Name
RICHARD BRANDON - PINECREST, LLC

FILED

01 APR -6 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4960 S.W. 72ND AVENUE
MIAMI FL 33155

Mailing Address
4960 S.W. 72ND AVENUE
MIAMI FL 33155



2. Principal Place of Business
4960 SW 72 AVE

3. Mailing Address
4960 SW 72 AVE

Suite, Apt. #, etc. 400

Suite, Apt. #, etc. 400

City & State
miami FL

City & State
miami FL

4. FEI Number
65-1039766

Applied For
Not Applicable

Zip 33155 Country DADE

Zip 33155 Country DADE

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

MATTAWAY, L. RICHARD
4960 S.W. 72ND AVENUE
MIAMI FL 33155

Name

Street Address (P.O. Box Number is Not Acceptable)

400

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 MGR
STREET ADDRESS THE RICHARD BRANDON COMPANY
CITY-ST-ZIP 4960 S.W. 72ND AVENUE
MIAMI FL 33155 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/14/01 305-662-1421
Date Daytime Phone #

CR2E083 (11/00)