

2001 UNIFORM BUSINESS REPORT (UBR)

0011599 AF

DOCUMENT # **L99000004320**

1. Entity Name
158TH STREET GROUP L.L.C.

FILED

01 APR 23 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**612 S.E. 5TH AVENUE
STE #4
FT LAUDERDALE FL 33301**

Mailing Address
**612 S.E. 5TH AVENUE
STE #4
FT LAUDERDALE FL 33301**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite #1

Suite, Apt. #, etc.

Suite #1

City & State

City & State

4. FEI Number

65-0948441

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

**MOORE, HARRIETTE
612 S.E. 5TH AVENUE STE #4
FT LAUDERDALE FL 33301**

Name

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

612 SE 5th Ave

Suite #1

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
EVANS, JAMES D
612 S.E. 5TH AVENUE, STE #4
FT LAUDERDALE FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

612 SE 5th Ave Suite #1

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
ALLEN, STUART N
20191 EAST COUNTRY CLUB DRIVE, APT PH7
-AVENTURA FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**500004163985--2
-05/08/01--01154--009
*****50.00 *****50.00**

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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: **LOAN REQUIRED JAMES D. EVANS 4/17/01 954-522-7770**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)