

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002010

1. Entity Name

13620 NW 27 Avenue LLC

FILED

01 JUN -6 AM 7:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

13620 NW 27 Ave

Suite, Apt. #, etc.

3. Mailing Address

4801 South University Dr

Suite, Apt. #, etc.

Suite 227

DO NOT WRITE IN THIS SPACE

City & State

Opa Locka, FL

City & State

Davie, FL

4. FEI Number

65-0990155

Applied For

Not Applicable

Zip

33054

Country

Zip

33328

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

Name

Mark Brown

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

4801 South University Dr

Suite 227

City

Davie,

FL

Zip Code
33328

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

4-27-01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

100004423171--9

-06/15/01--01095--012

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☒ Change

☐ Addition

CEO/D

Mark Brown

2752 SW 132nd Way

Davie, FL 33330

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☒ Change

☐ Addition

PRES/D

Kevin McKenna

1061 E. Wilshire Circle

Pembroke Pines, FL 33027

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ Change

☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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

Mark W. Brown

4-28-01

(954) 252-5551

CR25003 (11/00)