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2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L0000001090  1. Entity Name				ثد.	· •		01 JUN -6 AM 7: 42				
136TH S	TREET, LLC		Ç.								
		·			<u>-</u>		SECRETAI TALLAHAS	SEE.FL	TATE ORIDA		
Principal Plac	ce of Business		Mailing Address		•			•			
3342 N.E. 171ST STREET 3342 N.E. 171ST STREET NORTH MIAMI BEACH FL 33160 NORTH MIAMI BEACH FL 3						* 1 · · ·			as		
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Principal Place of Business     A Mailing Address				<u></u>							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE .				
City & Sta	te		City & State			4. FE11	Number			oplied For ot Applicable	
Zip	Cou	ıntry	Zip	Count	гу	5. Cert	ficate of Status Desired		\$5.00 Add	litional	
وم محمد ا	Name and A	ddress of Current Re	aletered Agent	<u> </u>			e and Address of New		Fee Require	<u> </u>	1
	V. Mallio and A		Austenan Wheilt		Name	7. [4611]	S MIN MANIESS OF HEM	ogistereti	Join		
KTG&S REGISTERED AGENT CORPORATION			-	Street Add	Iraes (PA Roy N	lumber is Not Acceptab	le)	<u></u>		{	
100 S.E.	2ND STREET, 28	TH FLOOR		ļ	- Olibel Add	·			<del>-</del>		
MIAMI FL	. 33131			1							١
				ľ	City			FL	Zip Code	9	
8. The above	e named entity subm	nits this statement for t	he purpose of changing its	registere	d office or re	egistered agent.	or both, in the State of F	Florida.			
SIGNATURE	Signature, typed or printed	d name of registered agent and	title if applicable. (NOT	E: Registered	Agent signature	required when reinstat	<sup>ing)</sup> 19955	1 DATE	<del></del>	<u></u> 5-	
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			Make Check Pa	ayable to	Departm	ent of State		*50.00 	*************************************	uu	
9.		MANAGING MEMBER		10.	<del></del>		ADDITION	S/CHANGES			ء
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11. I hereby indicated limited lis	certify that the information this report is true	nation supplied with the and accurate and	nis filing does not qualify fo at my signature shall have proowered to execute this	r the exen the same report as	nption stated legal effect required by	I in Section 119, as if made unde Chapter 608 El	07(3)(i), Florida Statutes r oath; that I am a man orida Statutes	s. I further cer aging membe	rtify that the ir er or manage	nformation r of the	
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #