

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

02-18-2002 90172 029 ****50.00

DOCUMENT # L00000015366

1. Entity Name

BEVERLY HILLS PROPERTIES, L.L.C.

Principal Place of Business

Mailing Address

% ANTHONY ROBLEDO
 8180 NW 36TH ST., #100
 MIAMI FL 33166

% ANTHONY ROBLEDO
 8180 NW 36TH ST., #100
 MIAMI FL 33166

2. Principal Place of Business

8356 NW 30th TERRACE

3. Mailing Address

8356 NW 30th TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI - FLORIDA

City & State

MIAMI - FLORIDA

Zip

33122

Country

USA

Zip

33122

Country

USA

4. FEI Number

65-1060963

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

ROBLEDO, ANTHONY
8180 NW 36TH ST., #100
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name

Jordan Padial & Company P.A.

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

999 Ponce de Leon Blvd. Suite 715

City

Coral Gables - Miami

FL

Zip Code

33134

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 **Renato Ferreira**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03/13/02

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MEM** ☐ Delete
 NAME **FERREIRA, RENATO**
 STREET ADDRESS **8180 NW 36TH STREET #100**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **PERREIRA, RENATO** ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **8356 NW 30th terrace**
 CITY-ST-ZIP **MIAMI, FL 33122**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 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 REQUIRED**03/18/02**

Date

(305) 436-1150

Daytime Phone #

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

CR2E083 (9/01)