

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2002 8:00 am
Secretary of State

07-25-2002 90128 021 ****50.00

DOCUMENT # L01000020499
1. Entity Name
1501 MIAMI AVENUE LLC

Principal Place of Business
**520 BRICKELL KEY DRIVE
SUITE 0-305
MIAMI FL 33131**

Mailing Address
**520 BRICKELL KEY DRIVE
SUITE 0-305
MIAMI FL 33131**

2. Principal Place of Business
5805 SAN VICENTE ST.
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State
CORAL GABLES, FLA

Zip
33146

Country
USA

City & State

Zip

Country

4. FEI Number
03-0375510

Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**FREEMAN, STEPHEN A
520 BRICKELL KEY DRIVE
SUITE 0-305
MIAMI FL 33131**

7. Name and Address of New Registered Agent
Name
JACQUE HUTTOE BOEN
Street Address (P.O. Box Number is Not Acceptable)
5805 SAN VICENTE ST.
City
CORAL GABLES FL Zip Code
33146

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *J. Huttoe Boen* (NOTE: Registered Agent signature required when reinstating) DATE **7-22-02**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAVARES, CHARLES 520 BRICKELL KEY DRIVE MIAMI FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUTTOE-BOEN, JACQUE 5805 SAN VICENTE ST CORAL GABLES, FLA 33146 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *J. Huttoe Boen* **SIGNATURE REQUIRED** Date **7/22/02** Daytime Phone # **305-979-2421**

CR2E083 (4/02)

Attachment

41024

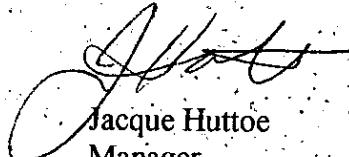
5805 San Vicente Street
Coral Gables, Florida 33146
August 5, 2002

Florida Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, Florida 32314

RE: 1501 Miami Avenue LLC
L01000020499

In response to your letter of July 26, 2002, enclosed please find the corrected report for the above-referenced corporation.

Yours truly,


Jacquie Huttoe
Manager

JH/ggm
Enclosure