7/25

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

[redacted]

DO NOT WRITE IN THIS SPACE

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

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 H Boen — 7-22-02
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
Due By September 25, 2002

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGRM ☐ Delete	TITLE	MGR ☐ Change ☒ Addition
NAME	TAVARES, CHARLES	NAME	HUTTOE-BOEN, JACQUE
STREET ADDRESS	520 BRICKELL KEY DRIVE	STREET ADDRESS	5805 SAN VICENTE ST
CITY-ST-ZIP	MIAMI FL 33131	CITY-ST-ZIP	CORAL GABLES, FLA 33146
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083 (4/02)

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 — 7/22/02 — 305-979-2421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

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,

Jacque Huttoe
Manager

JH/ggm
Enclosure