

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # LO1000015642

1. Entity Name

Art Deco Properties, LLC

**FILED**

02 OCT 29 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1760 Bay Dr.

Suite, Apt. #, etc.

3. Mailing Address

1760 Bay Dr.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Mia Bch, FL

City & State

Mia Bch, FL

4. FEI Number

75-3085383

Applied For

Not Applicable

Zip

33141

Country

USA

Zip

33141

Country

USA

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Joseph A. Estrada

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

1760 Bay Drive

City

Miami Beach

FL

Zip Code

33141

**DO NOT WRITE  
IN THIS SPACE**

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

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

10/23/02  
DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
Joseph A. Estrada  
1760 Bay Dr.  
Mia Bch, FL 33141

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP  
400008643854  
10/29/02--01032--001 **\*\*50.00**

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IN THIS SPACE**

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:

Joseph A. Estrada  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

10/23/02 (305) 866-

Daytime Phone #

9494

CR2E083B (12/01)

2062

Secretary of State Division of Corporation  
Attn.: Reinstatement Section  
P.O. Box 6327  
Tallahassee, Fl. 32314

October 21, 2002

To whom it may concern,

Enclosed is the completed Uniform Business Report. I never received the rejected documents  
from your office.

Sincerely,



Joseph A. Estrada