

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001309

1. Entity Name

BEACON DRIVE ASSOCIATES, L.C.

Principal Place of Business

555. 782 NORTH LEJEUNE ROAD
MIAMI FL 33126

Mailing Address

555. 782 NORTH LEJEUNE ROAD
MIAMI FL 33126

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1011251

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

O'NAGHTEN, JUAN T
2665 SOUTH BAYSHORE DRIVE
SUITE 200, GRAND BAY PLAZA
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Cabrera, Antonio J.
782 NW 42 Ave #555
Miami, FL 33126

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
UP
O'NAGHTEN, Juan T.
2665 S. Bayshore Dr. #1100
Miami, FL 33131

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800004416083--7
-06/12/01--01059--012
*****50.00 *****50.00

☐ Change ☐ Addition

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CITY-ST-ZIP

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

Date

Daytime Phone #

4-30-01 (305) 445-2810

CR2E083 (11/00)

0032217 SP

FILED

MAY 16 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE