5/12/

FILED
Jun 05, 2002 8:00 am
Secretary of State
05-12-2002 90585 004 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001743

1. Entity Name
27TH AVENUE STATION, LLC

Principal Place of Business
P.O. BOX 23910
FT. LAUDERDALE FL 33307

Mailing Address
P.O. BOX 23910
FT. LAUDERDALE FL 33307

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number 65-0999495 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
MORGAN, PHILIP J ESQ
200 EAST LAS OLAS BOULEVARD, SUITE #1800
FORT LAUDERDALE FL 33301

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, types 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 May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE	MEM
NAME	DEEN, CURTIS
STREET ADDRESS	P.O. BOX 23910
CITY-ST-ZIP	FT. LAUDERDALE FL 33307
	☐ Delete
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	☐ Delete
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	☐ Delete
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	☐ Delete
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	☐ Delete
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	☐ Delete

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE	MEM
NAME	DEEM, Curtis
STREET ADDRESS	P.O. Box 23910
CITY-ST-ZIP	Ft. Lauderdale, FL 33307
	☒ Change ☐ Addition
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	☐ Change ☐ Addition
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

Change to spelling of last name only

DEEM

CR2E083 (9/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Sec indicated on this report is true and accurate and that my signature shall have the same legal effect as if ma limited liability company or the renewer or trustee empowered to execute this report as required by Chapte

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #