

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 0000000 1911

FILED

1. Entity Name  
365 AULIN AVE LLC

01 MAY 18 AM 11:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
<u>365 AULIN AVE</u> <u>365 AULIN AVE</u> <u>OLVEID FL 32765</u>	<u>8500 SW 92 ST</u> <u>#204</u> <u>MIAMI FL 33156</u>

2. Principal Place of Business	3. Mailing Address
<u>365 AULIN AVE</u> Suite, Apt. #, etc.	<u>8500 SW 92 ST</u> Suite, Apt. #, etc. <u>204</u>

City & State <u>OLVEID FL</u>	City & State <u>MIAMI FL</u>	4. FEI Number <u>59-3626645</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>32765</u>	Country <u>USA</u>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
Ralph Shorobf

7. Name and Address of New Registered Agent

Name <u>Seth NACHMAN</u>
Street Address (P.O. Box Number is Not Acceptable) <u>8500 SW 92 ST</u>
<u>#204</u>
City <u>MIAMI</u>
State <u>FL</u>
Zip Code <u>33156</u>

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] Seth NACHMAN 4/30/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director</u> <u>SETH NACHMAN</u> <u>8500 SW 92 ST #204</u> <u>MIAMI FL 33156</u>	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>400004420264</u> <u>-06/14/01--01084--008</u> <u>*****50.00 *****50.00</u>	<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)(l), 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] Seth NACHMAN 4/30/01 305  
5954500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Filing Period

CR2E083 (11/00)