

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 JUN -6 AM 7:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000001991

1. Entity Name
2590 Biscayne Blvd LLC

Principal Place of Business Mailing Address

2. Principal Place of Business
2590 Biscayne Blvd
Suite, Apt. #, etc.
City & State
Miami, FL
Zip
33137
Country

3. Mailing Address
4801 South University Dr
Suite, Apt. #, etc.
Suite 227
City & State
Davie, FL
Zip
33328
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0990175
Applied For
Not Applicable

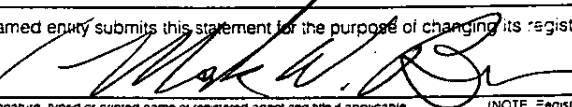
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name
Mark Brown
Street Address (P.O. Box Number is Not Acceptable)
4801 South University Dr
Suite 227
City
Davie, FL Zip Code
33328

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  DATE 6.27.01
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

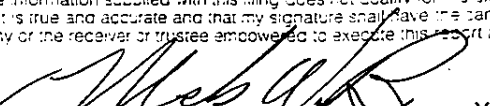
300004424039--9
-06/18/01--01033--006
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/D Mark Brown 2752 SW 132nd Way Davie, FL 33330 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES/D Kevin McKenna 1061 E. Wilshire Circle Pembroke Pines, FL 33027 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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  DATE 6.28.01 (054) 252-5551

CR2003 (11/00)