2001 UNIFORM BUSIN SS 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	3. Mailing Address
2590 Biscayne Blvd	4801 South University Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.: Suite 227
City & State: Miami, FL	City & State: Davie, FL
Zip: 33137 Country:	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 [signature] Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 4/27/01

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

900004424039--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: CEO/D NAME: Mark Brown STREET ADDRESS: 2752 SW 132nd Way CITY-ST-ZIP: Davie, FL 33330	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: PRES/D NAME: Kevin McKenna STREET ADDRESS: 1061 E. Wilshire Circle CITY-ST-ZIP: 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
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

CR2E083 (11/00)

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] Mark Brown 4/28/01 (954)252-5551