

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90963 005 ****50.00

LIMITED LIABILITY COMPANY
2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L000000001991

1. Entity Name

2590 Biscayne Blvd LLC

DO NOT WRITE IN THIS SPACE

935718

2. Principal Place of Business

2590 Biscayne Blvd

Suite, Apt. #, etc.

3. Mailing Address

4801 South University Dr

Suite, Apt. #, etc.

Suite 227

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Davie, FL

4. FEI Number

65-0990175

Applied For

Not Applicable

Zip

33137

Country

Zip

33328

Country

5. Certificate of Status Desired ☐

\$5.00 Additional

Fee Required

7. Name and Address of Current 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, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

CEO/D

Mark Brown

2752 SW 132nd Way

Davie, FL 33330

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PRES/D

Kevin McKenna

1061 E. Wilshire Circle

Pembroke Pines, FL 33027

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DO NOT WRITE
IN THIS SPACE

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

Mark Brown

Date

(954) 252-5551

Daytime Phone #

CR2E083B (12/01)