

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

L00000002007

1. Entity Name

601 71st Street LLC

FILED

01 JUN -6 AM 7:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailings Address

2. Principal Place of Business

601 71st Street

Suite, Apt. #, etc.

3. Mailing Address

4801 South University Dr

Suite, Apt. #, etc.

Suite 227

City & State

Miami Beach, FL

City & State

Davie, FL

Zip

33141

Country

Zip

33328

Country

4. FEI Number

65-0990203

Accred For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when revocating)

DATE

4.27.01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

600004423206-8

-06/15/01--01095--021

*****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 ☒ Change ☐ Addition
CEO/D
Mark Brown
2752 SW 132nd Way
Davie, FL 33330

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
PRES/D
Kevin McKenna
1061 E. Wilshire Circle
Pembroke Pines, FL 33027

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
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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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

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 603, Florida Statutes.

SIGNATURE

[Signature]

4.28.01

(05/12/01) 5551

CR2F083 (11/00)