

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002020

1. Entity Name  
L'ORGANIZATION, L.L.C.

FILED

01 APR -9 AM 11:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
17021 NORTH BAY RD., #915  
NORTH MIAMI BEACH FL 33160

Mailing Address  
17021 NORTH BAY RD., #915  
NORTH MIAMI BEACH FL 33160



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0984903

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

SANTODOMINGO, SOLEDAD  
17021 NORTH BAY RD., #915  
NORTH MIAMI BEACH FL 33160

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

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

9. MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

TITLE NAME ☐ Delete  
MGR  
SANTODOMINGO, SOLEDAD  
STREET ADDRESS 17021 NORTH BAY RD., #915  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160

TITLE NAME ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 700004014227-8  
CITY-ST-ZIP -04/17/01--01106--014  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
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TITLE NAME ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E083 (11/00)