

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 23, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000004559****1. Entity Name**

MIAMI INVESTMENT MANAGEMENT ENTERPRISES, L.L.C.

Principal Place of Business

7410 N. OAKMONT DR.

Mailing Address

PO BOX 173107

MIAMI	FL	MIAMI	FL
33015		33017	

2. Principal Place of Business

P.O. BOX 173107

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State
4. FEI Number
65-1003888

Applied For
Not Applicable

Zip	Country	Zip	Country
33017			

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
METH TERRE A
7410 N. OAKMONT DR.
MIAMI FL
33015
7. Name and Address of New Registered Agent**Name****METH TERRE A**
Street Address (P.O. Box Number is Not Acceptable)
P.O. BOX 173107
City
MIAMI
FL
Zip Code
33017
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 _____ **07/23/2001**
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PENDL DEBI MGRM 1916 N 37TH AVE. HOLLYWOOD, FL 33021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PALACINO MARINEZ MGRM 20000 NE 14TH CT. NORTH MIAMI BEACH FL 33179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM METH DAVID MGRM P.O. BOX 173107 MIAMI FL 33107	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LARUSSO TONII MGRM 10451 W BROWARD BLVD. #205 PLANTATION FL 33324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CROWE DARLENE MGRM P.O. BOX 173107 NORTH MIAMI BEACH FL 33169	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR METH TERRE AMGR P.O. BOX 173107 MIAMI FL 33017	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 608, Florida Statutes.
SIGNATURE: Terre A Meth **MGR** **07/23/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)

RUGY SUBOSKY-FAIN MGRM
20000 DIXIE HWY, #1121

N. MIAMI, FL 33180

RACHELLE STONE, MGRM
1925 NE 39TH AVE.

HOLLYWOOD FL 33021