2001 UNIFORM BUSINESS REPORT (UBR)

000042? AF

DOCUMENT # L00000006024

1. Entity Name
290 PROFESSIONAL BUILDING LLC

FILED
01 FEB -5 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~1925 BRICKELL AVE~~ ~~BRICKELL PLACE CONDOMINIUM SUITE D-206~~ ~~MIAMI FL 33129~~	~~1925 BRICKELL AVE~~ ~~BRICKELL PLACE CONDOMINIUM SUITE D-206~~ ~~MIAMI FL 33129~~

2. Principal Place of Business	3. Mailing Address
290 W. 49th St.	290 W. 49th St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HIALEAH FL	City & State: HIALEAH, FL
Zip: 33012 Country:	Zip: 33012 Country:

4. FEI Number 65-1016595 ☐ 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
~~ROGER BESU RA~~ ~~1925 BRICKELL AVE~~ BRICKELL PLACE CONDOMINIUM SUITE D-206 MIAMI FL 33129	Name: ALEX J. MARBAN Street Address (P.O. Box Number is Not Acceptable): 290 W. 49th City: HIALEAH FL Zip Code: 33012

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: A [signature] 01-26-01
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 / STREET ADDRESS / CITY-ST-ZIP	MGR MARBAN, ALEX J ~~5075 SW 63RD AVE~~ ~~MIAMI FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 290 W. 49th St HIALEAH, FL 33012
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MARBAN, JANET PADRON ~~5075 SW 63RD AVE~~ ~~MIAMI FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 290 W. 49th St HIALEAH, FL 33012
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300003677 ☒ Change ☐ Addition -02/13/01--01104--011 *****50.00 *****50.00
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] SIGNATURE REQUIRED Alex J. MARBAN 01-26-01 (305) 557-0642