

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000006887**

1. Entity Name

**SLNC ENTERPRISES, L.L.C.**

Principal Place of Business

Mailing Address

**1688 MERIDIAN AVENUE, SUITE 801  
MIAMI BEACH FL 33139**

**1688 MERIDIAN AVENUE, SUITE 801  
MIAMI BEACH FL 33139**

**FILED**

**07 JUL 16 AM 8:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3550 BISCAYNE BLVD.**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

**310**

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

City & State

4. FEI Number

**65-1007037**

Applied For

Not Applicable

Zip

**33137**

Country

Zip

Country

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

**MAENZA, JOSEPH  
1688 MERIDIAN AVENUE, SUITE 801  
MIAMI BEACH FL 33139**

Name **JOSEPH MAENZA**

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

**3550 BISCAYNE BLVD # 310**

City **MIAMI,**

**FL**

Zip Code

**33137**

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

**7-10-01**

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State  
Due By September 26, 2001**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  Delete  
NAME **MGRM JOSEPH MAENZA**  
STREET ADDRESS **3550 BISCAYNE BLVD #310**  
CITY-ST-ZIP **MIAMI, FL 33137**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  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 REQUIRED**

**7-10-01**

**305-573-4634**

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

Date

Daytime Phone #

CR2E083 (5/01)

STAPLE CHECK HERE