2001 UNIFORM BUSINESS REPORT (UBR)

| ALBO, VICTOR 2021 N.E. 163RD STREET NORTH MIAMI BEACH FL 33162 TITLE AME TREET ADDRESS TREET ADDRES | | | | | | _ | | | | |
|--|--|--|--|---------------|-------------------------|---|---|----------------|-------------|---|
| Principal Place of Business Making Address 2021 NE 1990 STRET NORTH MIAM BEACH R. 30192 2. Principal Place of Business Suite, Apr. 4, 60. Suit | DOCU 1. Entity Nan | IMENT # LOOO(| 00007791 | | | | | | | |
| Principal Place of Business 201 N.E. 19870 STREET NORTH MANII BEACH FL 30162 202 N.E. 19870 STREET NORTH MANII BEACH FL 30162 203 N.E. 19870 STREET NORTH MANII BEACH FL 30162 204 N.E. 19870 STREET NORTH MANII BEACH FL 30162 205 N.E. 19870 STREET NORTH MANII BEACH FL 30162 206 N.E. 19870 STREET NORTH MANII BEACH FL 30162 207 N. Marrie and Address of Business 3. Mailing Address 4. FEI Namroor (5.5 - 10.0 STREET NORTH MANI BEACH FL 30162 3. Mailing Address 3. Mailing Address 4. FEI Namroor (5.5 - 10.0 STREET) North N | | | L.L.C. | | | | FILE |) | | |
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| 2. Principal Place of Business | Principal Plac | ce of Business | Mailing Address | | - | | | | | |
| 2. Principal Place of Business | | | | | | | SECRETARY OF | STATE | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. | THOUSAND AND AND AND AND AND AND AND AND AND | THE DESIGNATION OF THE STATE OF | HORITI MIAMI DEAOTI | 1 2 3 3 1 0 2 | | | | | | ## |
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| City & State City & State City & State Country Country Country S. Contribution of Status Desired SS. O0 Additional Foot Regulatered Agent Foot Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Foot Regulatered Agent Foot Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Foot Address (P. | E. FRITCIPALE | -lace of business , | 3. Mailing Address | | | | | **** ***** | | , , , , , , , , , , , , , , , , , , , |
| S. Cortificate of Status Desired \$5.00 Additional \$5.00 Additional \$5.00 Additional \$6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of Name and Address of Name and Name an | Suite, Apt. | . #,.etc. : , , | Suite, Apt. #, etc. | | | | DO NOT WRITE II | N THIS SP | ACE | |
| S. Orarity S. Certificate of Status Desired S. S.00 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent | City & Stat | te | City & State | | | 4. FEIN | lumber 5-1020 | 15/8 | Ar | |
| S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Addres | Zip | Country | Zip | try | 1 | | • | No 5.00 Add | | |
| CRARY, LAWRENCE E III 555 COLORADO AVENUE, SUITE 1 STUART FL 34994 City FL Zip Code City FL Zip Code City FL Zip Code In 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 Signatura, spead or printed remore of registered agent and the 4 septicable, OVOTE, Registered Agent algorithm required from revisiting) Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS In Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS In Make Check Payable to Department of State ON THE MANAGING MEMBERS/MEMBERS ON STATE ADDRESS ON STATE ADDRESS ON STATE ADDRESS ON STATE ORTH MAMM BEACH FL 33162 Detels THE MAME STREET ADDRESS ON STATE ORTH JORGESS ORTH JORGESS ON STATE ORTH JORGESS ORTH JORGES | | 6. Name and Address of Current | Registered Agent | 1 | 1 | | | ⊔ Fe | e Require | |
| Signature In above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. City FL Zip Code City FL Zip | | | riogistered rigent | | Name | | s and Address of New Negi: | atered AG | SIII | <u>a augus (m)</u> |
| City FL Zip Code 1. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature | • | | | | Street Address | s (P.O. Box N | umber is Not Acceptable) | | | |
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| Signature Sig | . The above | named entity submits this statement for | or the purpose of changing it | s registere | ed office or reaist | tered agent, o | or both, in the State of Florida | | L | |
| Signature, hyped or printed name of registered agent and time in printed name of registered agent approach, (NOTE: Registered Agent alignature required varient installation) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State | | · | , | . | | | | | | |
| Make Check Payable to Department of State MANAGING MEMBERS / MEMBERS 10. ADDITIONS/CHANGES Additional content of State | IGNATURE . | Signature, typed or printed name of registered agent | and title if applicable. (NO | TE: Registere | d Agent signature requi | red when reinstatir | ng) | DATE | | |
| Make Check Payable to Department of State MANAGING MEMBERS / MEMBERS 10. ADDITIONS/CHANGES Additional content of State | | | FILE N | lOW!!! I | FEE IS \$50.00 | 0 | | | | |
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| AME TREET ADDRESS TY-ST-ZIP TILE TREET ADDRESS TY-ST-ZIP Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(ii). Florida Statutes further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(ii). Florida Statutes further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(ii). | | | | | | | | | | • |
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| indicated on this report is true and accurate and that my signature shall have the same large effect as if made | 1. I hereby c | certify that the information supplied with | this filing does not qualify for | or the exer | nption stated in S | Section 119.0 | 7(3)(i), Florida Statutes. I furt | her certify | that the in | formation |
| 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. | limited liab | bility company or the receiver or trustee | mat my signature shall have empowered to execute this | report as | required by Cha | made under pter 608, Flor | oatn; that I am a managing ida Statutes. | member o | r manager | r of the |
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| SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Destrict Phone # | JIGNAT | | F SIGNING MANAGING MEMBER, MA | NAGER, OR | AUTHORIZED REPRES | III & R | | | | -1075 |