

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007814

1. Entity Name
1590 CORAL WAY LIMITED LIABILITY COMPANY

Principal Place of Business

3052 S.W. 27TH AVENUE
MIAMI FL 33133

Mailing Address

3052 S.W. 27TH AVENUE
MIAMI FL 33133

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

3052 SW 27th Avenue

Suite, Apt. #, etc.

#101

City & State

Miami, FL

Zip

33133

Country

USA

4. FEI Number

65-1050181

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARBOLEYA, CARLOS J JR
2550 SOUTH DIXIE HIGHWAY
COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

Name

Renzi, Pasquale

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

3052 SW 27th Ave #101

City

Miami,

FL

Zip Code

33133

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 Pasquale Renzi

Signature typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating.

4/24/01

DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME RENZI, RENZO ☐ Delete
STREET ADDRESS 3052 S.W. 27TH AVENUE
CITY-ST-ZIP MIAMI FL 33133

TITLE ☐ Delete
NAME Renzi, Pasquale
STREET ADDRESS 3052 SW 27th Ave #101
CITY-ST-ZIP Miami, FL 33133

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600004194496--2
CITY-ST-ZIP -05/10/01--01129--018
*****50.00 ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition
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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 Renzo Renzi

4/24/01 (305) 446 8807

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

Date

Daytime Phone #

APPROVED
AND
FILED

01 APR 26 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E083 (11/00)