

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90594 034 ****50.00

DOCUMENT # L00000008781

1. Entity Name

**SOUTHERN FACILITIES DEVELOPMENT AT LAUDERHILL, L
 LC**

Principal Place of Business

**2901 SW 8TH STREET, SUITE 204
 C/O JOSE R. BOSCHETTI
 MIAMI FL 33135**

Mailing Address

**2901 SW 8TH STREET, SUITE 204
 C/O JOSE R. BOSCHETTI
 MIAMI FL 33135**

958115

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1028529**

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

**MARTIN, PEDRO A
 1221 BRICKELL AVENUE, SUITE 2100
 MIAMI FL 33131**

Name

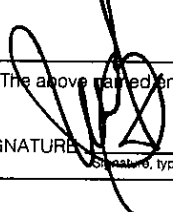
Street Address

City

**Jose R. Boschetti
 2901 SW 8th Street, Suite 204
 Miami, Florida 33135**

Je

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  (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
 NAME **BOSCHETTI, JOSE R**
 STREET ADDRESS **2901 SW 8TH STREET, SUITE 204**
 CITY-ST-ZIP **MIAMI FL 33135**

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

TITLE **MGRM** ☐ Delete
 NAME **ABELE, CHARLES R JR**
 STREET ADDRESS **2901 SW 8TH STREET, SUITE 204**
 CITY-ST-ZIP **MIAMI FL 33135**

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

TITLE **MGR** ☐ Delete
 NAME **CAJON, MAURICE**
 STREET ADDRESS **2901 SW 8TH STREET, SUITE 204**
 CITY-ST-ZIP **MIAMI FL 33135**

TITLE ☒ Change ☐ Addition
 NAME **CAJON, MAURICE**
 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

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

04/22/02 (305) 541-3738

Date

Daytime Phone #

CR2E083 (9/01)