

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90012 005 ***150.00

DOCUMENT # L00000009642

1. Entity Name

R AND A REALTY, LLC

Principal Place of Business

**2800 PONCE DE LEON BOULEVARD, SUITE 1125
MIAMI FL 33134**

Mailing Address

**2800 PONCE DE LEON BOULEVARD, SUITE 1125
MIAMI FL 33134**

2. Principal Place of Business

13105 N.W. Lejeune Road
Suite, Apt. #, etc.

3. Mailing Address

13105 N.W. Lejeune Road
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Opa-Locka, FL

City & State

Opa-Locka, FL

4. FEI Number **65-1049058**

Applied For

Not Applicable

Zip
33054

Country
U.S.A.

Zip
33054

Country
U.S.A.

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SEIF, EVAN D
2800 PONCE DE LEON BOULEVARD, SUITE 1125
MIAMI FL 33134**

7. Name and Address of New Registered Agent

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

City **FL** Zip Code

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **HOLLAND, BRIAN**
STREET ADDRESS **5761 NW 37TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33142**

TITLE **MGR** ☐ Delete
NAME **CHAPLIN, WAYNE**
STREET ADDRESS **5761 NW 37TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33142**

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 **MGR** ☒ Change ☐ Addition
NAME **Holland, Brian**
STREET ADDRESS **13105 N.W. Lejeune Road**
CITY-ST-ZIP **Opa-Locka, FL 33054**

TITLE **MGR** ☒ Change ☐ Addition
NAME **Chaplin, Wayne**
STREET ADDRESS **13105 N.W. Lejeune Road**
CITY-ST-ZIP **Opa-Locka, FL 33054**

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

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

2/13/02 (305) 769-1110

Date Daytime Phone #

CR2E083 (9/01)