

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2002 8:00 am**  
**Secretary of State**

01-23-2002 90081 008 \*\*\*\*50.00

**DOCUMENT # L00000009963**

1. Entity Name

**BUENA VISTA DESIGN PLAZA, L.L.C.**

Principal Place of Business

**4500 LAKE ROAD  
 MIAMI FL 33137**

Mailing Address

**4500 LAKE ROAD  
 MIAMI FL 33137**

2. Principal Place of Business

**130 NE 40 Street**

Suite, Apt. #, etc.

3. Mailing Address

**551 Bay Point Road**

Suite, Apt. #, etc.

City & State

**Miami, Florida**

City & State

**Miami, Florida**

4. FEI Number

**65-1033138**

Applied For

Not Applicable

Zip

Country

**33137**

Zip

Country

**33137-3303**

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**WACHS, JEFFREY S ESQ.  
 1177 S.E. 3RD AVENUE  
 FORT LAUDERDALE FL 33316**

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 ☐ Delete  
 NAME **MGRM**  
 STREET ADDRESS **ATLAS, RUSSELL**  
 CITY-ST-ZIP **4500 LAKE ROAD**  
**MIAMI FL 33137**

TITLE ☐ Delete  
 NAME **MGRM**  
 STREET ADDRESS **ATLAS, RANDALL**  
 CITY-ST-ZIP **770 N.E. 69TH STREET, APT. 41**  
**MIAMI FL 33138**

TITLE ☐ Delete  
 NAME **MGRM**  
 STREET ADDRESS **ATLAS, JANET**  
 CITY-ST-ZIP **1000 TOWERSIDE TERRACE, #1105**  
**MIAMI FL 33138**

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 **MGRM**  
 STREET ADDRESS **ATLAS, RUSSELL**  
 CITY-ST-ZIP **551 BAY POINT ROAD**  
**MIAMI FL 33137-3303**

TITLE ☒ Change ☐ Addition  
 NAME **MGRM**  
 STREET ADDRESS **ATLAS, RANDALL**  
 CITY-ST-ZIP **770 NE 69 STREET, APT. 4-I**  
**MIAMI, FL 33138**

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

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

TITLE ☐ Change ☐ Addition  
 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

Date

Daytime Phone #

**1/17/02 305 572 0030**

CR2E083 (9/01)