

2001 UNIFORM BUSINESS REPORT (UBR)

C 3575

DOCUMENT # **L00060010238**

1. Entity Name

ONE FIFTY WEST, LLC

FILED

01 OCT 22 PM 12:17

Principal Place of Business

**6061 COLLINS AVENUE, SUITE 12-C
C/O RICK BLANCO, JR.
MIAMI BEACH FL 33140**

Mailing Address

**6061 COLLINS AVENUE, SUITE 12-C
C/O RICK BLANCO, JR.
MIAMI BEACH FL 33140**

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEE Number

APPLIED FOR

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

**LICKSTEIN, FRED K
100 S.E. 2ND STREET, 17TH FLOOR
FOWLER, WHITE, BURNETT, HURLEY
MIAMI FL 33131**

Name

RICK BLANCO JR

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

6061 COLLINS AVE # 12-C

City

MIAMI BEACH

FL

Zip Code

33140

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

RICK BLANCO JR

10-5-01

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 September 26, 2001**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **RICK BLANCO JR**
STREET ADDRESS **6061 COLLINS AVE # 12-C**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **MGRM** ☐ Change ☒ Addition
NAME **RICK BLANCO JR**
STREET ADDRESS **6061 COLLINS AVE # 12-C**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

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
**900004659329--0
-10/30/01--01062--005
****155.00 ****155.00**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

RICK BLANCO JR

10.5.01 (305) 439-9954

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

Date

Daytime Phone #

CR2E083 (5/01)