FILED
May 24, 2002 8:00 am
Secretary of State
04-30-2002 90118 014 ****50.00

86177

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010639

1. Entity Name

1919 ST. CLAUDE AVENUE, L.L.C.

Principal Place of Business	Mailing Address
C/O RICHARD A. FRIEND, ESQ. 5975 SUNSET DR SUITE 802 SOUTH MIAMI FL 33143	C/O RICHARD A. FRIEND, ESQ. 5975 SUNSET DR SUITE 802 SOUTH MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
C/O RICHARD A. Friend. Esq.	9155 South Dadeland Blvd.
Suite, Apt. #, etc.: 9155 South Dadeland Blvd. Ste1012	Suite, Apt. #, etc.: Suite 1012
City & State: MIAMI. Fl	City & State: MIAMI. Fl
Zip: 33156-2738 Country: USA	Zip: 33156-2738 Country: USA

4. FEI Number 65-1105473 APPLIED FOR ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FRIEND, RICHARD A ESQ
5975 SUNSET DR
SUITE 802
SOUTH MIAMI FL 33143

7. Name and Address of New Registered Agent

Name: Friend, RICHARD A. Esq
Street Address (P.O. Box Number is Not Acceptable): 9155 South Dadeland Blvd. ste-1012
City: MIAMI. FL Zip Code: 33156-2738

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] 4/22/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

RICHARD Friend.

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

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
TITLE	MGRM	☐ Delete
NAME	FRIEND, SHIRLEY	
STREET ADDRESS	3804 MONSERRATE STREET	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	MGRM	☐ Delete
NAME	WILKOW, SHEILA	
STREET ADDRESS	11111 BISCAYNE BLVD., #1254	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

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

CR2E083 (9/01)

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] 4/22/02 305-667-5777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

RICHARD Friend