

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011331

1. Entity Name

HOWELL BRANCH STATION, LLC

FILED

01 MAY -3 PM 2:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

300 N.W. 12TH AVE.  
MIAMI FL 33128

Mailing Address

300 N.W. 12TH AVE.  
MIAMI FL 33128

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

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALLEN, LOUISE J  
200 E. BROWARD BLVD., STE. 1900  
FT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name: SALVATORE MARJORANO  
Street Address (P.O. Box Number is Not Acceptable): 300 NW 12TH AVE  
City: MIAMI FL Zip Code: 33128

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)

4/30/01

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE: MGR  
NAME: Greater Miami Nei  
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

TITLE:  
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STREET ADDRESS:  
CITY-ST-ZIP: ☐ Delete

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP: ☐ Delete

10. ADDITIONS/CHANGES

TITLE: MGR  
NAME: GREATER, MIAMI Neighborhood  
STREET ADDRESS: 300 NW 12TH AVE  
CITY-ST-ZIP: MIAMI, FL 33128 ☐ Change ☒ Addition

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP: 100004325981--0  
-05/29/01--01130--021 ☐ Change ☐ Addition

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP: \*\*\*\*\*55.00 ☐ Change ☐ Addition

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

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

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

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

Date

Daytime Phone #

CR2E083 (11/00)