

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011468

1. Entity Name  
EAST FAIRVIEW HOMES L.L.C.

Principal Place of Business

3052 S.W. 27 AVENUE  
MIAMI FL 33133

Mailing Address

3052 S.W. 27 AVENUE  
MIAMI FL 33133

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

QUESADA, G. FRANK ESQ.  
1313 PONCE DE LEON BLVD., STE. 200  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Renzi, Pasquale

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

3052 SW 27th Ave #101

City

miami

FL

Zip Code

33133

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 Pasquale Renzi  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/01

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

9. MANAGING MEMBERS/MEMBERS

TITLE ☐ Delete  
NAME D Renzi, Pasquale  
STREET ADDRESS 3045 LUCAYA ST -  
CITY-ST-ZIP MIAMI, FL 33133

TITLE ☐ Delete  
NAME D Renzi, Renzo  
STREET ADDRESS 251 Crandon Blvd. #1105  
CITY-ST-ZIP Key Biscayne, FL 33149

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 ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200004192162-6  
-05/10/01--01005--014  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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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 Renzo Renzi 4/24/01 (305) 446 8807  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

APPROVED  
AND  
FILED

01 APR 26 AM 10:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1050225 Applied For ☐ Not Applicable ☐

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

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CR2E083 (11/00)