

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011484

1. Entity Name

144 LLC

FILED

01 AUG 23 PM 12:17

Principal Place of Business

3822 WEST 12TH AVENUE  
HIALEAH FL 33012

Mailing Address

3822 WEST 12TH AVENUE  
HIALEAH FL 33012

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

5779 NW 151 ST.

3. Mailing Address

5779 NW 151 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami Lakes, FL.

City & State

Miami Lakes, FL.

4. FEL Number

651056792

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, PEDRO A ESQ.  
1221 BRICKELL AVENUE, SUITE 2100  
MIAMI FL 33131

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 September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGRM  
STREET ADDRESS CAPARROS, MARTIN JR.  
CITY-ST-ZIP 10221 EAST BROADVIEW DRIVE  
BAY HARBOR ISLAND FL 33154

Delete

10. ADDITIONS/CHANGES

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change Addition

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TITLE NAME  
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CITY-ST-ZIP

Change Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

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 REQUIRED

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

Date

Daytime Phone #

CR2E083 (5/01)