

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012686

1. Entity Name
745 NW 54TH STREET, LLC

Principal Place of Business

1415 16TH STREET, #4
MIAMI BEACH FL 33139

Mailing Address

1415 16TH STREET, #4
MIAMI BEACH FL 33139

2. Principal Place of Business

745 NW 54 ST
Suite, Apt. #, etc.

3. Mailing Address

745 NW 54 ST
Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-1046416

Applied For

Not Applicable

Zip

33127

Country

USA

Zip

33127

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRANSGLOBAL CORPORATE ADMINISTRATION, INC.
520 BRICKELL KEY DRIVE, SUITE 0-305
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name THOMAS M. PARKER

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

745 NW 54 ST

City

MIAMI

FL

Zip Code

33127

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

500004195115--8
--05/11/01--01021--020
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM
NAME PARKER, THOMAS M
STREET ADDRESS 1415 16TH STREET, #4
CITY-ST-ZIP MIAMI BEACH FL 33139

☐ Delete

TITLE
NAME
STREET ADDRESS
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10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

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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:

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

Date

Daytime Phone #

4/18/01 305 758-5757

APPROVED
AND
FILED

01 APR 24 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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