2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014637

1. Entity Name

1455 Northpark Drive, Weston, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 26 PM 3:30

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-09/28/01--01051--018
*****55.00 *****55.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
	16400 NW 2nd Ave #203 North Miami, FL 33169

2. Principal Place of Business	3. Mailing Address
	16400 NW 2nd Ave #203
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 203
City & State	City & State North Miami, FL
Zip / Country USA	Zip 33169 / Country USA

4. FEI Number 65-1072971 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Filing, Inc. 3732 NW 16th Street Ft Lauderdale, FL 33311-4132	Name: Gary P. Simon, Esquire Street Address (P.O. Box Number is Not Acceptable): 9100 S. Dadeland Blvd. Suite 504 City: Miami FL Zip Code: 33156

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] 8/31/01
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

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager Marc Osheroff 16400 NW 2nd Ave #203 North Miami, FL 33169 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager Marc Osheroff 16400 NW 2nd Ave #203 North Miami, FL 33169 ☐ Change ☒ Addition BLT
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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CR2E083 (11/00)

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: X [signature] X August 31, 2001 305-940-6645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #