

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015293

1. Entity Name

SUN-TAVERN LLC

Principal Place of Business

Mailing Address

7232 SW 59 AVENUE  
MIAMI, FL 33143

FILED

01 FEB 19 PM 2:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

65-1061445

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
JANET KIRCHOFF  
7945 SW 52 AVE  
MIAMI FL 33143 ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100003745521-8 ☐ Change ☐ Addition  
-02/21/01--01081--003  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MICHAEL MALER  
9970 SW 136 ST  
MIAMI FL 33176 ☐ 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

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

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)(l), 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 #

2/6/01 (305) 6634424

CR2E083 (11/00)