

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** L00000015948

1. Entity Name

ORIGINAL 1114 ENTERPRISES LLC

FILED

01 MAY -1 PM 5:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business  
12900 SW 89 COURT

3. Mailing Address  
12900 SW 89 COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
MIAMI, FL

City & State  
MIAMI, FL

4. FEI Number  
65-1065376

Applied For  
Not Applicable

Zip  
33176

Country  
USA

Zip  
33176

Country  
USA

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

Name  
BERKOWITZ, RICHARD A.

Street Address (P.O. Box Number is Not Acceptable)  
ONE SOUTHEAST THIRD AVENUE

15TH FLOOR

City  
MIAMI

FL

Zip Code  
33131

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.

(NOT Registered Agent signature required when reinstating)

DATE

4/10/01

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
MANAGING MEMBER  
STREET ADDRESS  
CITY-ST-ZIP  
ROLANDO B. GARCIA  
12900 SW 89TH COURT  
MIAMI, FL 33176

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
MANAGING MEMBER  
STREET ADDRESS  
CITY-ST-ZIP  
MARIA E. GARCIA  
12900 SW 89 COURT  
MIAMI, FL 33176

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
800004274328--8  
-05/21/01--01148--014  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
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:



Rolando B. Garcia

4/25/01

305- 33-1322

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

Date

Daytime Phone #

CR2E083 (1/00)