

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015950

1. Entity Name

ORIGINAL 9021 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

Suite, Apt. #, etc.

3. Mailing Address

12900 SW 89 COURT

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number

65-1065424

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

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
300004274323---4
STREET ADDRESS
-05/21/01--01148--012
CITY-ST-ZIP
*****50.00 *****50.00
 Change Addition

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

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

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

Date

4/25/01

305-233-1322

Daytime Phone #

CR2E083 (11/00)