

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015951

1. Entity Name

ORIGINAL 2645 ENTERPRISES LLC

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.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33176

Country

USA

Zip

33176

Country

USA

4. FEI Number

65-1065566

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 MAY -1 PM 5:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.)

(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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING MEMBER
ROLANDO B. 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
MANAGING MEMBER
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
100004274321--0
-05/21/01--01148--011

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
*****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

Date

305-233-1322

Daytime Phone #

CR2E083 (11/00)