

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2002 8:00 am
Secretary of State

04-04-2002 90086 012 ****50.00

DOCUMENT # L00000016055

1. Entity Name

150 NE 41 ST., L.L.C.

Principal Place of Business

100 S.E. 2ND STREET, 17TH FL.
MIAMI FL 33131

Mailing Address

3930 NE 2ND AVE., STE. 107
MIAMI FL 33137

2. Principal Place of Business

3930 N E 2nd AVENUE

Suite, Apt. #, etc. # 107

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33137

Country

U.S.A

Zip

Country

4. FEI Number

65-1067465

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LICKSTEIN, FRED K
100 S.E. 2ND STREET, 17TH FL.
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Juan E. Rodriguez

Street Address (P.O. Box Number is Not Acceptable)

80 SW 8th St., Suite 2550

City

Miami, FL

FL

Zip Code

33130

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

Juan E. Rodriguez

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-29-02

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE P
NAME ROSEN, NEIL
STREET ADDRESS 3930 NE 2ND AVE., STE. 107
CITY-ST-ZIP MIAMI FL 33137 ☐ Delete

TITLE VP
NAME ROSEN, ELIZABETH
STREET ADDRESS 3930 NE 2ND AVE., STE. 107
CITY-ST-ZIP MIAMI FL 33137 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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)(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

Elizabeth Rosen

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

Date

3/18/02

Daytime Phone #

305-576-5900

CR2E083 (9/01)