

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-04-2002 90086 016 ****50.00

DOCUMENT # L01000001374

1. Entity Name
151 NE 40 ST. L.L.C.

Principal Place of Business

**100 S.E. 2ND STREET
 17TH FLOOR
 MIAMI FL 3313**

Mailing Address

**100 S.E. 2ND STREET
 17TH FLOOR
 MIAMI FL 3313**

2. Principal Place of Business

3930 NE 2 AVE

3. Mailing Address

3930 NE 2nd Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Miami, FL

4. FEI Number

65-1073054

Applied For

Not Applicable

Zip

33137

Country

USA

Zip

33137

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**LICKSTEIN, FRED K ESQ.
 100 S.E. 2ND STREET
 17TH FLOOR
 MIAMI FL 3313**

7. Name and Address of New Registered Agent

Name **Juan E. Rodriguez**

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

80 SW 8th Street, Suite 2550

City **Miami**

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.

Juan E. Rodriguez

(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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANAGING MEMBER
STREET ADDRESS	NEIL ROSEN
CITY-ST-ZIP	3930 NE 2 AVE MIAMI, FL 33137
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANAGING MEMBER
STREET ADDRESS	ELIZABETH ROSEN
CITY-ST-ZIP	3930 NE 2ND AVE MIAMI, FL 33137
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Elizabeth Rosen**
MANAGING MEMBER

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

Date

Daytime Phone #

3/8/02 305-576-5900

CR2E083 (9/01)