

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90272 014 ****50.00

DOCUMENT # L01000002925

1. Entity Name
SOUTH DIXIE VENTURE, L.L.C.

Principal Place of Business
1643 BRICKELL AVE., APT. NO. 2403
MIAMI FL 33129

Mailing Address
1643 BRICKELL AVE., APT. NO. 2403
MIAMI FL 33129



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2000 S. Dixie Hwy

Suite, Apt. #, etc.
100

Suite, Apt. #, etc.

City & State
Miami - FL

City & State

Zip
33133

Country

Zip

Country

4. FEI Number
05-1082489

Applied For
 Not Applicable

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

BURGOS, FLORA
1643 BRICKELL AVE., APT. NO. 2403
MIAMI FL 33129

Name **RAY ABBASSI**

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

2000 S. Dixie Hwy #100

City **Miami**

FL

Zip Code
33133

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 fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/02

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME **MGR BURGOS, FLORA** ☐ Delete
 STREET ADDRESS **1643 BRICKELL AVE., APT. NO. 2403**
 CITY-ST-ZIP **MIAMI FL 33129**

TITLE
 NAME **MGR RAY Abbassi** ☒ Change ☐ Addition
 STREET ADDRESS **2000 S. Dixie Hwy #100**
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **MGR H. Abbassi** ☐ Change ☐ Addition
 STREET ADDRESS **1643 BRICKELL AVE #2403**
 CITY-ST-ZIP **MIAMI - FL 33129**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
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TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

4/29/02 (305) 856-5858

CR2E083 (9/01)