

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L01000007522**

1. Entity Name

WASHINGTON & ADAMS, LLC

Principal Place of Business

**999 WASHINGTON AVE.
MIAMI BEACH FL 33139**

Mailing Address

**999 WASHINGTON AVE.
MIAMI BEACH FL 33139**

2. Principal Place of Business

750 OCEAN DRIVE

3. Mailing Address

P.O. Box 398930

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI BEACH FL

City & State

MIAMI BEACH, FL

4. FEI Number

65-1119296

Applied For

Not Applicable

Zip

33139

Country

USA

Zip

33239-8930

Country

USA5. Certificate of Status Desired ☒**\$5.00 Additional
Fee Required**

8. Name and Address of Current Registered Agent

**FILINGS, INC.
3732 NW 16TH ST.
FT LAUDERDALE FL 33311**

7. Name and Address of New Registered Agent

MARK MUHLRAD

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

750 OCEAN DRIVE**MIAMI BEACH FL 33139**

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

**MARK MUHLRAD****1-28-02**

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
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM MUHLRAD, MARK	999 WASHINGTON AVE. MIAMI BEACH FL 33139	<input type="checkbox"/>

TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM SCHUSTER, ARI	999 WASHINGTON AVE. MIAMI BEACH FL 33139	<input type="checkbox"/>

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

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

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

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

10. ADDITIONS/CHANGES

TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
MUHLRAD, MARK	750 OCEAN DR MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/>

TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
SCHUSTER, ARI	750 OCEAN DR. MIAMI BEACH FL 33139	<input checked="" type="checkbox"/>

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

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

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

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

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

Date

Daytime Phone #

**FILED
Mar 05, 2002 8:00 am
Secretary of State**

02-04-2002 90021 046 *****55.00



DO NOT WRITE IN THIS SPACE

CP2E083 (9/01)