

2002 UNIFORM BUSINESS REPORT (UBR)

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

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

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.



DO NOT WRITE IN THIS SPACE

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

USA

5. 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

Name: **MARK MUHLRAD**
Street Address (P.O. Box Number is Not Acceptable):
750 OCEAN DRIVE
City: **MIAMI BEACH FL** Zip Code: **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** DATE: **1-28-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

| | |
|----------------|---|
| TITLE NAME | MUHLRAD, MARK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 750 OCEAN DR |
| CITY-ST-ZIP | MIAMI BEACH, FL 33139 |
| TITLE NAME | SCHUSTER, ARI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 750 OCEAN DR. |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> 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: **MARK MUHLRAD** DATE: **1/18/02** Daytime Phone # **35-534261**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (9/01)