

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

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

05-22-2002 90211 038 ****50.00

DOCUMENT # LO1000010987 **DEVELOPMENT, LLC**

1. Entity Name
AVENUE B DEVELOPMENT, LLC

DO NOT WRITE IN THIS SPACE

966001

2. Principal Place of Business
1570 MADRUGA AVENUE

Suite, Apt. #, etc.

PH 1A

City & State

CORAL GABLES, FL

Zip
33146

Country
USA

3. Mailing Address

1570 MADRUGA AVENUE

Suite, Apt. #, etc.

PH 1A

City & State

CORAL GABLES, FL

Zip
33146

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ALEXIS AGREDA

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

1570 MADRUGA AVENUE

PH 1A

City

CORAL GABLES,

FL

Zip Code
33146

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
OLINDA PEREZ
4195 SW 60 PLACE
MIAMI, FL 33155

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
TOMAS MESA
4195 SW 60 PLACE
MIAMI, FL 33155

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

4/29/02

Date

Daytime Phone #

605-216-1370

CR2E083B (12/01)