

5/8/

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 30, 2002 8:00 am
Secretary of State

05-08-2002 90081 010 ****50.00

DOCUMENT # L01000017894

1. Entity Name

LANCASTER HOMES, L.L.C. ✓

Principal Place of Business

**7270 NW 12TH STREET
PH-1
MIAMI FL 33126**

Mailing Address

**7270 NW 12TH STREET
PH-1
MIAMI FL 33126**

2. Principal Place of Business

1150 NW 72nd AVE PH-2

3. Mailing Address

SAME

Suite, Apt. #, etc.

APPROX EXECUTIVE LOUVER #1

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

Zip

33126

Country

U.S.A.

Zip

Country

4. FEI Number

65-1146050

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BRODIE, SIDNEY Z
7270 NW 12TH STREET
PH-1
MIAMI FL 33126**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

(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	MGR RODRIGUEZ, EDUARDO 7270 NW 12TH STREET MIAMI FL 33126 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR REYES, RAFAEL 7270 NW 12TH STREET MIAMI FL 33126 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MIRANDA, DANIEL 7270 NW 12TH STREET MIAMI FL 33126 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

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

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 #

4/25/02 305-513-0501

CR2083 (9/01)