

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-12-2002 90585 044 ****50.00

DOCUMENT # L01000018342

1. Entity Name

16921 SW 92 COURT, LLC

Principal Place of Business

960 ARTHUR GODFREY ROAD, STE. 212
MIAMI BEACH FL 33140

Mailing Address

960 ARTHUR GODFREY ROAD, STE. 212
MIAMI BEACH FL 33140

90609

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

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

HECHT, ALAN R
2670 N.E. 215 ST.
MIAMI FL 33180

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 renaming)

DATE

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 STREET ADDRESS CITY-ST-ZIP	10. ADDITIONS/CHANGES Change Addition
MGR GALLEGOS, JEANETTE 960 ARTHUR GODFREY ROAD, STE. 212 MIAMI BEACH FL 33140	Change Addition
MGR GONZALEZ, JOSE YESID 10211 FOUNTAINBLEAU BLVD., UNIT 204 MIAMI FL 33172	Change Addition
	Change Addition
	Change Addition
	Change Addition
	Change Addition
	Change Addition
	Change Addition

CR2083 (9/01)

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]*

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

Date

Daytime Phone #

4-29-2002 305 534-6220