2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000019637

1. Entity Name

A+ MINI STORAGE HIALEAH, L.L.C.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED N



FILED Feb 13, 2003 8:00 am Secretary of State 02-13-2003 90025 023 ****50.00

			-	استنق				
Principal Place of Business 12200 S.W. 117TH AVE. MIAMI FL 33186		Mailing Address						
		12200 S.W. 117TH AVE. MIAMI FL 33186						1611 1 841 1881
2. Principal Pl	ace of Business	3. Mailing Address						
			0.77. A.A. H. ata		_			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State		4. FEI Number 65-115	8170		pplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desi	red L F	5.00 Ad ee Require	
	6. Name and Address of Currer	t Registered Agent			7. Name and Address of N	lew Registered A	gent	
ATRI	UM REGISTERED AGENTS, INC.		Name		<u>-</u>		1 10	
1500	SAN REMO AVE., STE. 125		Street /	Street Address (P.O. Box Number is Not Acceptable)				
COR	AL GABLES FL 33146				<u> </u>		1	
			City			FL	Zip Coo	e
8. The above	named entity submits this statement	for the purpose of changing it	s registered office o	r register	ed agent, or both, in the State	of Florida. I am fa	amiliar with	, and accept
the obligati	ions of registered agent.							
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable. (NO	TE: Registered Agent signa	ature required	I when reinstating)	DATE		
		Make Check Payat	IOW!!! FEE IS Sole to Florida De ue By May 1, 200	partmer	nt of State			
9.	MANAGING MEMI	BERS/MANAGERS	10.		ADDIT	IONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE				Change	Addition
NAME	NUNEZ, MICHAEL A		NAME STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	12200 S.W. 117TH AVE. MIAMI FL 33186		CITY-ST-ZIP					
TITLE	MGR	☐ Delete	TITLE	+	<u>.</u> .		☐ Change	☐ Addition
NAME	NUNEZ, RAUL.L		NAME			حب -جسنتیب		
STREET ADDRESS CITY-ST-ZIP	12200 S.W. 117TH AVE. MIAMI FL 33186		STREET ADDRESS CITY-ST-ZIP					
TITLE		Delete	TITLE				☐ Change	☐ Addition
NAME			NAME	1				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
	<u></u>	Delete	TITLE	+			☐ Change	☐ Addition
TITLE NAME		C Delete	NAME				_ •	
STREET ADDRESS	}		STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME			NAME STREET ADDRESS	.				
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE	+			☐ Change	☐ Addition
NAME			NAME					
STREET ADDRESS			STREET ADDRESS	i				
CITY-ST-ZIP			CITY-ST-ZIP		<u> </u>			
indiantad	certify that the information supplied w i on this report is true and accurate a ability company or the receiver or trus	nd that my cianature chall hav	e the same legal en	rectas itri	nade under oam: mau i am a i	tutes. I further cert managing membe	tify that the or or manac	information jer of the

NING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #