

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000020465

1. Entity Name

EDGEWATER 461, L.L.C.

Principal Place of Business

8500 S.W. 8TH ST., STE. 218
MIAMI FL 33144

Mailing Address

8500 S.W. 8TH ST., STE. 218
MIAMI FL 33144

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

VAZQUEZ, DULCE P
8500 S.W. 8TH ST., STE. 218
MIAMI FL 33144

4. FEI NUMBER

036077545

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

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 *Duke Prots Vazquez*
STREET ADDRESS *8500 SW 8 ST. STE. 218*
CITY-ST-ZIP *MIAMI, FL. 33144 PRES*

☐ Delete

TITLE
NAME *Ulysses Vazquez*
STREET ADDRESS *8500 SW 8 ST. STE. 218*
CITY-ST-ZIP *MIAMI, FL. 33144 VICE-PRES*

☐ Delete

TITLE
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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ 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 #

4-30-02 (305) 267-2244

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-22-2002 90067 023 ****50.00

94311



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)