7/25

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2002 8:00 am
Secretary of State
07-25-2002 90128 021 ****50.00

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000020499

1. Entity Name
1501 MIAMI AVENUE LLC

Principal Place of Business	Mailing Address
520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI FL 33131	520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI FL 33131

2. Principal Place of Business	3. Mailing Address
5805 SAN VICENTE ST.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CORAL GABLES, FLA	City & State
Zip: 33146 Country: USA	Zip Country

4. FEI Number: 03-0375510 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FREEMAN, STEPHEN A
520 BRICKELL KEY DRIVE
SUITE 0-305
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name: JACQUE HUTTOE BOEN
Street Address (P.O. Box Number is Not Acceptable): 5805 SAN VICENTE ST.
City: CORAL GABLES FL Zip Code: 33146

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: J H Boen DATE: 7-22-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAVARES, CHARLES 520 BRICKELL KEY DRIVE MIAMI FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUTTOE-BOEN, JACQUE 5805 SAN VICENTE ST CORAL GABLES, FLA 33146 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (4/02)

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 REQUIRED J H Boen Date: 7/22/02 Daytime Phone #: 305-979-2421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Attachment

41024

5805 San Vicente Street
Coral Gables, Florida 33146
August 5, 2002

Florida Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, Florida 32314

RE: 1501 Miami Avenue LLC
#L01000020499

In response to your letter of July 26, 2002, enclosed please find the corrected report for the above-referenced corporation.

Yours truly,

JH/ggm
Enclosure

Jacque Huttoe
Manager