

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000020499

1. Entity Name

1501 MIAMI AVENUE LLC

Principal Place of Business

520 BRICKELL KEY DRIVE  
SUITE 0-305  
MIAMI FL 33131

Mailing Address

520 BRICKELL KEY DRIVE  
SUITE 0-305  
MIAMI FL 33131

2. Principal Place of Business

5805 SAN VICENTE ST.  
Suite, Apt. #, etc.

3. Mailing Address

SAME  
Suite, Apt. #, etc.

City & State

CORAL GABLES, FLA

City & State

CORAL GABLES, FLA

Zip

33146

Country

USA

Zip

33146

Country

USA

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

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-22-02

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State  
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME TAVARES, CHARLES  
STREET ADDRESS 520 BRICKELL KEY DRIVE  
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR  
NAME HUTTOE-BOEN, JACQUE  
STREET ADDRESS 5805 SAN VICENTE ST  
CITY-ST-ZIP CORAL GABLES, FLA 33146 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
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]* SIGNATURE REQUIRED

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

Date

7/22/02 305-979-2421

Daytime Phone #

CR2E083 (4/02)

FILED  
Aug 07, 2002 8:00 am  
Secretary of State

07-25-2002 90128 021 \*\*\*\*50.00



DO NOT WRITE IN THIS SPACE

Attachment

41024

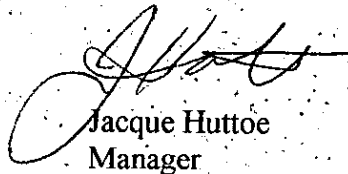
5805 San Vicente Street  
Coral Gables, Florida 33146  
August 5, 2002

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,

  
Jacque Huttoe  
Manager

JH/ggm  
Enclosure