

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 30, 2002 8:00 am
Secretary of State

09-30-2002 90173 037 ****50.00

DOCUMENT # L01000021789

1. Entity Name

J R REAL ESTATE HOLDINGS, LLC

Principal Place of Business

**10051 S.W. 68TH ST.
 MIAMI FL 33173**

Mailing Address

**10051 S.W. 68TH ST.
 MIAMI FL 33173**

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

☐ 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

**MURRAY, JOSHUA L
 10051 S.W. 68TH ST.
 MIAMI FL 33173**

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

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 September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **President** ☐ Delete
 NAME **Joshua Murray**
 STREET ADDRESS **10051 S.W. 68 street**
 CITY-ST-ZIP **MIAMI, FL 33173**

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

TITLE **Vice President** ☐ Delete
 NAME **Rafael J. Valdes**
 STREET ADDRESS **7755 S.W. 87 Ave, suite #100**
 CITY-ST-ZIP **MIAMI, FL 33173**

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 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 REQUIRED

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

Date

Daytime Phone #

9/24/02 **305-471-4465**
305-898-3330

CR2E083 (4/02)

981214

60100021789

Form **SS-4****Application for Employer Identification Number**(Rev. April 2000)
Department of the Treasury
Internal Revenue Service(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)

▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)

JR Real Estate Holdings LLC

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)

10051 SW. 68 St.

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code

MIAMI, FL. 33173

5b City, state, and ZIP code

6 County and state where principal business is located

Dade, FL.

7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ▶

Joshua I. Murray

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

☐ Sole proprietor (SSN)☐ Partnership☐ REMIC☐ State/local government☐ Church or church-controlled organization☐ Other nonprofit organization (specify) ▶☒ Other (specify) ▶ Limited Liability Company☐ Estate (SSN of decedent)☐ Plan administrator (SSN)☐ Other corporation (specify) ▶☐ Trust☐ Federal government/military

(enter GEN if applicable)

8b If a corporation, name the state or foreign country
(if applicable) where incorporated

State

FL

Foreign country

N/A

9 Reason for applying (Check only one box.) (see instructions)

☒ Started new business (specify type) ▶☐ Banking purpose (specify purpose) ▶☐ Changed type of organization (specify new type) ▶☐ Purchased going business☐ Created a trust (specify type) ▶☐ Hired employees (Check the box and see line 12.)☐ Created a pension plan (specify type) ▶☐ Other (specify) ▶

10 Date business started or acquired (month, day, year) (see instructions)

Dec 17, 2001

11 Closing month of accounting year (see instructions)

Dec 31

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)

N/A

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)

Nonagricultural

Agricultural

Household

14 Principal activity (see instructions) ▶ Real Estate Investment000

15 Is the principal business activity manufacturing?

If "Yes," principal product and raw material used ▶

☐ Yes☒ No

16 To whom are most of the products or services sold? Please check one box.

☒ Public (retail)☐ Other (specify) ▶☐ Business (wholesale)☐ N/A17a Has the applicant ever applied for an employer identification number for this or any other business?
Note: If "Yes," please complete lines 17b and 17c.☐ Yes☒ No

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ▶

Trade name ▶

17c Approximate date when and city and state where the application was filed: Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)

City and state where filed

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

Fax telephone number (include area code)

Name and title (Please type or print clearly.)

Joshua I. Murray, Member

Signature ▶

Date ▶ 9/24/02

Note: Do not write below this line. For official use only.

Please leave blank ▶

Geo.

Ind.

Class

Size

Reason for applying