

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000000829

1. Entity Name  
441 OPA LOCKA BLVD., LLC



Principal Place of Business  
13850 N.W. 26TH AVE.  
OPA LOCKA, FL 33054

Mailing Address  
13850 N.W. 26TH AVE.  
OPA LOCKA, FL 33054

FILED

03 MAY -1 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
11077 Biscayne Boulevard  
Suite, Apt. #, etc.  
Suite 205

3. Mailing Address  
11077 Biscayne Boulevard  
Suite, Apt. #, etc.  
Suite 205

City & State  
Miami, Florida

City & State  
Miami, Florida

4. FEI Number  
02-0541893

Applied For  
Not Applicable

Zip Country  
33161 USA

Zip Country  
33161 USA

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

AMERICAN INFORMATION SERVICES, INC.  
SUN TRUST INTERNATIONAL CENTER  
ONE S.E. THIRD AVE., 28TH FLOOR  
MIAMI, FL 33131

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 resigning)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Member  
Dennis Stackhouse  
800 Boylston Street, Suite 401  
Boston, MA 02199 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
900017846789  
05/01/03--01074--031 \*\*\*350.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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☐ Change ☐ Addition

TITLE  
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☐ Delete

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.

Dennis Stackhouse, Member

SIGNATURE:

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

4/30/03

Case

Daytime Phone #

CR2E083 (10/02)