2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000012299



FILED Apr 24, 2003 8:00 am Secretary of State 04-24-2003 90038 030 ****50.00

ONE THOUSAND NINE RENTAL	S, LLC				04-24-20	03 90038 (<i>)</i> 30 30.	.00
Principal Place of Business 5725 SW 77 TERRACE S. MIAMI FL 33143	Mailing Address 5725 SW 77 TERRACE S. MIAMI FL 33143	5725 SW 77 TERRACE						
2. Principal Place of Business	3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State	City & State	City & State		4. FEI Number Applied For Not Applicable				
Zip Country	Zip	Country		5. Certifica	te of Status Desir		\$5.00 Add	litional
FIDEI, RICHARD J 2000 W. COMMERCIAL BLVD. SUITE 232 FT. LAUDERDALE FL 38309	Current Registered Agent		Street Address (F	Ar de		ME/	Agent O VIC	n:
8. The above named entire submits this state the obligations of registered agent. SIGNATURE Signature, typid or printed name of segis	·			ed agent, or b			_	and accept
	FILE NO Make Check Payabl	OW!!! FE	E IS \$50.00 ida Departmen					
9. MANAGINO TITLE NAME STRIET ADDRESS CITY-ST-ZIP	MEMBERS/MANAGERS Delete ROYICH TERR 30143-541 P	10. TITLE NAME STREET / CITY-ST	ADDRESS :		ADDITIO	DNS/CHANGE	S ☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET / CITY-ST	ADDRESS 1-ZIP	-			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET /	ADDRESS r-zip			· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET / CITY-ST	ADDRESS [-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET A CITY-ST	ADDRESS - ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. 1 hereby certify that the information sup	Delete	CITY-ST		ction 119 07/5	(Vi) Florida Statu	tes further o	Change	Addition

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 delivery or prustee expressed to execute this report as required by Chapter 608, Florida Statutes.

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

Daytime Phone #