2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000024114

1900 SOUTH MIAMI AVENUE, L.L.C.



FILED Apr 21, 2003 8:00 am Secretary of State 04-21-2003 90136 003 ****55.00

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### Principal Place of Business Suite, April #, etc.	Principal Plac	ce of Business	Mailing Address								
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Country Coun			Suite 730	Suite, Apt. #, etc. Suite 730				E IF MAKING (
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The About Agen	City & State		Miami,	FL		4. FEI Num	-07241°	73	_ 		
ARAN, FERNANDO S 710 SOUTH DIXIE HIGHWAY CORAL GABLES FL 33146 8. The above named exprise subjects by subject adjusted applications of refigirered algorit. 10	Zip	Country	33129	<u>USA</u>	Ī	5. Certificat	e of Status Desired				
ARAN, FERNANDO S 710 SOUTH DXIE HIGHWAY CORAL GABLES FL 33146 8. The above named eypt's submits this state qualified the purpose of changing its registered defice or registered agent, or both, in the State of Florida. I am familiar with, and score the obligations or registered Agent. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MAM FL 33129 MAM FL 33129 MAM FL 33129 Delete TITLE MAM STREET ADDRESS CITY-ST-2IP TITLE MAKE STREET ADDRESS CITY-ST-		6. Name and Address of Curren	t Registered Agent			7. Name an	d Address of New	Registered Ag	jent		
CORAL GABLES FL 33146 City					Street Address (P.O. Box Number is Not Acceptable)						
R. The above named eight subhits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered Agent. SIGNATURE TARIO U N A					<u>بان الخ</u> حا لة (بع				> ·		
B. The above named early subjets this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered lagent. System of registered lagent and title / applicable. PARIO U.S. F. Registered Agent express sequence of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered purposes of the purpose of the purposes of the purposes of the purpose of the purp			•	City	Miss	0			Zip God	e	
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### Addition Make Check Payable to Florida Department of State Due By May 1, 2003 S. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Addition	$\overline{}$	Signature, typed-or printed name or registered ager	1		•	when reinstating)	 	7 DATE			
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11. I hereby certify that the information supplied with limiting 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 the results in the same legal effect as if made under oath; that I am a managing member or manager of the	CITY-ST-ZIP	[[[MMI III	CITY-ST-ZIP							
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SIGNATURE:

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