

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90136 003 ****55.00

DOCUMENT # L02000024114

1. Entity Name
1900 SOUTH MIAMI AVENUE, L.L.C.



Principal Place of Business
**2600 SOUTHWEST THIRD AVENUE, SUITE 730
MIAMI FL 33129**

Mailing Address
**2600 SOUTHWEST THIRD AVENUE, SUITE 730
MIAMI FL 33129**

2. Principal Place of Business

3. Mailing Address
2600 SW 3rd Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 730

City & State

City & State
Miami, FL

Zip

Country

Zip
33129

Country
USA

4. FEE Number

76-0724193

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARAN, FERNANDO S
710 SOUTH DIXIE HIGHWAY
CORAL GABLES FL 33146**

Name

Mario Guzman

Street Address (P.O. Box Number Is Not Acceptable)

Two Dorian Center A130. S.

Dadeland Blvd. Suite 1504

City

Miami

FL

Zip Code

33156

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.

MARIO GUZMAN

(NOTE: Registered Agent signature required when reinstating)

3/22/03

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
**MGRM
B DEVELOPMENT, L.L.C.
2600 SOUTHWEST THIRD AVENUE, SUITE 730
MIAMI FL 33129** ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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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 REQUIRED**

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

Date

Daytime Phone #

04/17/03 (305) 857-7871

CR2E083 (10/02)