LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000032713

1. Entity Name

THE NICHE AT 62ND ST. LLC



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SECRETARY OF STATE TALLAHASSEE, FLORIBA

				L	MELMINOSECTI		
Principal Place of Business 3. Mailing Address							
	eridian Avenue	2665 S. Ba	ayshore	Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 703			DO NOT WRITE IN THIS SPACE		
City & State Miami	Beach, Florida	City & State Miami, Florida			4. FEI Number	X Applied For Not Applicable	
Zip 33140	Country USA	Zip Country 33133 USA		5. Certificate of Status Desired	\$5.00 Additional Fee Required		
					7. Name and Address of Current Registere	d Agent	
DO NOT WOITE				Name World Corporate Services, Inc.			
	DO_NOT_W	KIIE	Street Address ((P.O. Pov Number is Not Acceptable)—		
IN THIS SPACE				2665 S. Bayshore Drive, Suite 703			
IN LIBOURAGE							
				^{City} Miami	Fl	Zip Code 33133	
	named entity submits this statement for ons of registered agent.	or the purpose of changing	g its registere	d office or registere	ed agent, or both, in the State of Florida. I am	familiar with, and accept	
ino obligati	s og otorbo again.						
SIGNATURE _	Signature, typed or printed name of registered agent	DATE					
	ogniture, typed or printed frame or registered agent	aro me mappicable.	FEE IS	een an	unic.		
		Make Check Pay	STATE OF THE PARTY OF THE	rida Departmer	nt of State		
9.	MANAGING MEMBE	DE (MANIACEDE	PULBI	MAI I			
TITLE	MANAGER	ENS/IVIANAGENS	TITLE				
NAME	BELSOL, JOSE MANUEL						
STREET ADDRESS	1			NAME STREET ADDRESS CITY-ST-7IP			
CITY-ST-ZIP	Miami Beach, Florida 33130						
TITLE			TIPLE				
NAME	20500				600017926746 05/05/0301013011 **2163.75		
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 I hereby ce indicated c 	artify that the information supplied with on this report is true and accurate and	this filing does not qualify that my signature shall ha	for the exemuse the formula of the formula of the same	iption stated in Sec legal effect as if ma	tion 119.07(3)(i), Florida Statutes. I further ce ade under oath; that I am a managing memb	rtify that the information er or manager of the	

indicated on this report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am a managing member of manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Jose Manuel Belsol 3/12/03
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

(305) 858-9900

Daytime Phone #

ZE-0030 (12/02