2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	L94000000074	FILED

1. Entity Name
RICHARD AND ARLENE BRENNER FAMILY, L.C.

00 JAN 24 AM 11: 16

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business	Mailing Address
21 SE FIRST AVENUE STE 800	21 SE FIRST AVENUE STE 800
MIAMI FL 33131	MIAMI FL 33131-1017

2. Principal Place of Business	**3.** Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State	City & State	

Zip	Country	Zip	Country	**4.** FEI Number 65-0477705	Applied For / Not Appl..

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
BRENNER, RICHARD M 21 SE FIRST AVE SUITE 800 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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		**10.** ADDITIONS / CHANGES
TITLE **MGR** NAME **BRENNER, RICHARD M** STREET ADDRESS **21 SE FIRST AVE.** CITY-ST-ZIP **MIAMI FL 33131**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 800003118988 -02/01/00--01100--022 *****50.00 *****50.0 ☐ Change
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change

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_____   1/10/00   305-372-8897

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER   Date   Daytime Phone #