

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAR 20 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mf 3/30



DO NOT WRITE IN THIS SPACE

DOCUMENT # L95000000311

1. Entity Name
1515 WASHINGTON AVENUE PROPERTIES. L.C.

Principal Place of Business 291 S.W. 27TH AVENUE SECOND FLOOR MIAMI FL 33135	Mailing Address 291 S.W. 27TH AVENUE SECOND FLOOR MIAMI FL 33135-1401
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2. Principal Place of Business	3. Mailing Address <i>2503 SW 27 Avenue</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Miami FL</i>	4. FEI Number 65-0577402	Applied For <input type="checkbox"/> Not Applicable
Zip <i>33133</i>	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SOSTCHIN, GUILLERMO
~~291 S.W. 27TH AVENUE~~ *2503 SW 27 Ave*
~~SECOND FLOOR~~
~~MIAMI FL 33135~~ *33133*

7. Name and Address of New Registered Agent

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

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

9. MANAGING MEMBERS/MEMBERS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOSTCHIN, GUILLERMO 291 S.W. 27TH AVE. <i>2503 SW 27 Ave</i> MIAMI FL 33135 <i>33133</i>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Member</i> Grace Vives <i>2503 SW 27 Avenue</i> <i>Miami FL</i> <i>33133</i>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

10. ADDITIONS/CHANGES		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200003195592--3 -04/04/00--01086--007 *****55.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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]* 3/14/2000 (305) 854-7177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)