

2000 UNIFORM BUSINESS REPORT (UBR)

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

2. Principal Place of Business

3. Mailing Address

2503 SW 27 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami FL

Zip

Country

Zip

Country

331

4. FEI Number

65-0577402

Applied For

Not Applicable

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

SOSTCHIN, GUILLERMO

2503 SW 27 Ave

SECOND FLOOR

MIAMI FL 33135

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 NAME MGR
NAME SOSTCHIN, GUILLERMO
STREET ADDRESS 291 S.W. 27TH AVE. 2503 SW 27 Ave
CITY- ST- ZIP MIAMI FL 33135

TITLE NAME
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME
NAME Grace Vives
STREET ADDRESS 2503 SW 27 Ave
CITY- ST- ZIP Miami FL 33135

TITLE NAME
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME
NAME
STREET ADDRESS
CITY- ST- ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

APPROVED
AND
FILED

00 MAR 20 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (9/99)