2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9500000311 1. Entity Name 1515 WASHINGTON AVENUE PROPERTIES. L.C.					FILED SECRETARY OF STATE DIVISION OF CORPORATIONS			
Principal Place 291 S.W 27 SECOND FM MIAMI FL 33	QOA J CAD JO	Mailing Address 2503 S.W. 27TH AVE. MIAMI FL 33133 Aurice 33133		01 MAR 19 AM 10: 24				
Principal Place of Business Address Address				. I 1883/1891 BIB 18191 BIJII BBIJI JIBI JIBI JIBI JIBI J				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI N	umber 65-0577402	<u> </u>	pplied For ot Applicable	}
Zip	· Country	Zip	Country		cate of Status Desired	\$5.00 Ad Fee Require		
	6. Name and Address of Curren IN, GUILLERMO V. 27TH AVE. 33133	t Registered Agent	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City Zip Code					
8. The above	named entity submits this statement of statement of registered ager	at and title if applicable. (NOTE	registered office or register. Registered Agent signature require. DW!!! FEE IS \$50.00 yable to Department of	ed when reinstatin				
9.	MANAGING MEM	BERS/MEMBERS	10.		ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOSTCHIN, GUILLERMO 2503 S.W. 27TH AVE. MIAMI FL 33133	☐ Delete ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	(11,00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM VIVES, GRACE 2503 S.W. 7TH AVENUE MIAMI FL 33133	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		900003930 -03/30/01 *****50.00	-11111237	~~UZU.	9
NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition .	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	!
indicated	ertify that the information supplied with on this report is true and accurate and billity company or the receiver of truster. URE: SIGNATURE AND TYPED OR PRINTED NAME OF THE PRINTED NA	of that my signature shall have the empowered to execute this re	ne same legal effect as if negorial as required by Chap	nade under of the following th	path; that I am a managing member da Statutes.	ify that the ir or manage	nformation r of the	