

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90035 050 ****50.00

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DOCUMENT # L95000000311

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

Principal Place of Business Mailing Address
~~291 S.W. 27TH AVENUE~~ **2503 S.W. 27th Ave**
~~SECOND FLOOR~~
~~MIAMI FL 33135~~ **Miami, FL 33133**

903838



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
2503 SW 27th Ave **same**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami FL
 Zip Country Zip Country
33133 FL

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 S.W. 27TH AVE.
MIAMI FL 33133

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
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOSTCHIN, GUILLERMO 2503 S.W. 27TH AVE. MIAMI FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM VIVES, GRACE 2503 S.W. 7TH AVENUE MIAMI FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 60B, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED **1/15/2002 (305) 554-7177**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)