

2001 UNIFORM BUSINESS REPORT (UBR)

0026766 AF

DOCUMENT # L95000000324

1. Entity Name
12550, L.C.

FILED
01 JUN 25 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**12550 BISCAYNE BLVD. #218
MIAMI FL 33181**

Mailing Address
**PO BOX 300434
BROOKLYN NY 11230**

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0577581** Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**SAKOWITZ, ALAN
1111 KANE CONCOURSE, SUITE 401
BAY HARBOR ISLAND FL 33154**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

300004463248--9
-07/09/01--01007--014
*******50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VORHAND, HARRY P.O. BOX 439 N/A BROOKLYN NY 11230	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VORHAND, MILAN P.O. BOX 439 N/A BROOKLYN NY 11230	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VORHAND, THOMAS P.O. BOX 439 N/A BROOKLYN NY 11230	<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		<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: X

CR2E083 (11/00)