


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90033 049 ***150.00

DOCUMENT # L96000000503

1. Entity Name
WASHINGTON AVENUE, L.C.



Principal Place of Business Mailing Address

**1317 WASHINGTON AVE.
MIAMI BEACH FL 33139** **1317 WASHINGTON AVE.
MIAMI BEACH FL 33139**

60063406

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SHEMTOV, SAMI
3640 YACHT CLUB DRIVE, APT. 2005
AVENTURA FL 33180

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE	MEM	<input type="checkbox"/> Delete
NAME	SHEMTOV, SAMI	
STREET ADDRESS	3448 LAUREL OAK LN.	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
NAME	SHACHAF, YITZIK	
STREET ADDRESS	761 3 AVE.	
CITY-ST-ZIP	BROOKLYN NY	
NAME	SHEMTOV, EZRA	
STREET ADDRESS	8104 AVE. L	
CITY-ST-ZIP	BROOKLYN NY 11236	
NAME	WEISS, MIKE	
STREET ADDRESS	8208 AVE. M	
CITY-ST-ZIP	BROOKLYN NY 11236	
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE	MEM	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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: *Sami Shemtov* **SIGNATURE SAMI SHEMTOV** **MEMBER MANAGING** **1-29-03** **305.534-2330**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)