

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000788

1. Entity Name
VILLA HABANA BIRD ASSOCIATES, L.C.

FILED

01 MAR -1 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
10481 SW 40TH ST
MIAMI FL 33165

Mailing Address
10481 SW 40TH ST
MIAMI FL 33165



2. Principal Place of Business

3622 CORAL WAY

Suite, Apt. #, etc.

3. Mailing Address

3622 CORAL WAY

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number 65-0684594

Applied For

Not Applicable

Zip 33145-3015

Country MIAMI DADE

Zip 33145-3015

Country DADE

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARQUEZ, FELIX
10481 SW 40TH ST
MIAMI FL 33165

7. Name and Address of New Registered Agent

Name MARQUEZ, FELIX

Street Address (P.O. Box Number is Not Acceptable)

3622 CORAL WAY

City MIAMI

FL

Zip Code 33145

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 MARQUEZ, FELIX, MGR.

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

TITLE MGR
NAME MARQUEZ, FELIX
STREET ADDRESS 10481 SW 40TH ST
CITY-ST-ZIP MIAMI FL 33165 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME MARQUEZ, FELIX
STREET ADDRESS 3622 CORAL WAY
CITY-ST-ZIP MIAMI FL 33145 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
300003829288-6
-03/09/01-01123-002
****150.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

+225-01

(305) 448-6660

Date

Daytime Phone #

CR2E083 (11/00)