

2000 UNIFORM BUSINESS REPORT (UBR)

0001697 AF

DOCUMENT # L96000001098
 1. Entity Name
 000 NW 62ND ST, L.C.

APPROVED
AND
FILED

00 APR 12 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
 419 W. 49TH ST. #106
 HIALEAH FL 33012-3602

Mailing Address
 419 W. 49TH ST. #106
 HIALEAH FL 33012-3655



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

DO NOT WRITE IN THIS SPACE

RJM

4. FEI Number **65-0704461**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 7800 NE 2ND AVE, L.C.
 419 W. 49TH ST. #106
 HIALEAH FL 33012-3602

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

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Delete
MGR	FISHER, RONALD P	1801 CENTURY PARK E., #2400	LOS ANGELES CA 90067-2326	<input type="checkbox"/>
MGR	FISHER, JAMES Q	1801 CENTURY PARK E., #2400	LOS ANGELES CA 90067-2326	<input type="checkbox"/>
MGR	FISHER, RICHARD J	1801 CENTURY PARK E., #2400	LOS ANGELES CA 90067-2326	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E083 (9/99)

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: *Ronald P. Fisher* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER *Ronald P. Fisher* 1/10/00 305 556 6627
 Date Daytime Phone #