

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0001689 AF

DOCUMENT # L96000001100

1. Entity Name
6145 NW 7TH AVE, L.C.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
419 WEST 49TH STREET, #106
HIALEAH FL 33012-3602

Mailing Address
419 WEST 49TH STREET, #106
HIALEAH FL 33012-3655



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0704580

Applied For
Not Applicable

Zip Country

Zip Country

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

7800 NE 2ND AVE, L.C.
419 WEST 49TH STREET, #106
HIALEAH FL 33012-3602

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

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

10. ADDITIONS / CHANGES

TITLE MGR ☐ Delete
NAME FISHER, RONALD P
STREET ADDRESS 1801 CENTURY PARK EAST #2400
CITY - ST - ZIP LOS ANGELES CA 90067-2326

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

TITLE MGR ☐ Delete
NAME FISHER, JAMES Q
STREET ADDRESS 1801 CENTURY PARK EAST #2400
CITY - ST - ZIP LOS ANGELES CA 90067-2326

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 200003224252--9
CITY - ST - ZIP -04/26/00--01017--019
*****50.00 *****50.00

TITLE MGR ☐ Delete
NAME FISHER, RICHARD J
STREET ADDRESS 1801 CENTURY PARK EAST #2400
CITY - ST - ZIP LOS ANGELES CA 90067-2326

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)