

# 2001 UNIFORM BUSINESS REPORT (UBR)

0006709 AF

DOCUMENT # L96000001100

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

FILED

01 APR 16 PM 10:58

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 33012-3602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0704580

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

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

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

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

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

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

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

TITLE NAME ☐ Delete

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

TITLE NAME ☐ Delete

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CITY-ST-ZIP

TITLE NAME ☐ Delete

TITLE NAME ☐ 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)