

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000001109

1. Entity Name
1536 NW 36TH ST, L.C.

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

Mailing Address
419 WEST 49TH STREET, #106
HIALEAH FL 33012-3602

FILED

01 APR 16 PM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0704518

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 MEM
NAME RJR ENTERPRISES, LLC
STREET ADDRESS 419 WEST 49TH STREET, #106
CITY-ST-ZIP HIALEAH FL 33012-3602 ☐ Delete

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
800004034578-1
-04/20/01--01047--019
*****50.00 *****50.00

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

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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

Date

Daytime Phone #

CR2E083 (11/00)