

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L97000000328**

1. Entity Name

CASA DE NINOS PROPERTIES, L.C.

Principal Place of Business

**2002 E. 4TH AVENUE
TAMPA FL 33605**

Mailing Address

**1213 EAST SIXTH AVE
TAMPA FL 33605**

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

59-3441773

Applied For

Not Applicable

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

**DECEMBER, CHRIS
2002 E. 4TH AVENUE
TAMPA FL 33605**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**MEM
GAINES, STEPHANIE D
3214 W. TAWN ST.
TAMPA FL 33629** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MEM
GAINES, RONALD
3214 W. TAWN ST.
TAMPA FL 33629** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
**600004375646--3
--06/07/01--01070--001
200.00 **50.00**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MEM
DECEMBER, CHRISTOPHER K
2421 88TH AVE., NE
CLYDE HILL WA 98004** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MEM
DECEMBER, STEPHANIE M
2421 88TH AVE., NE
CLYDE HILL WA 98004** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MEM
SMITH, MIKE
106 BREMEN LN
MCMURRAY PA 98004** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
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 of 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

4/17/01
Date

206-515-2239
Daytime Phone #

FILED

2001 MAY -8 AM 11:07

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



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