

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000999

1. Entity Name

OLD CUTLER MEADOW LIMITED COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 13 AM 10:02

Principal Place of Business

434 ROVINO AVENUE
CORAL GABLES FL 33156

Mailing Address

2550 SOUTH DIXIE HIGHWAY
COCONUT GROVE FL 33133

2. Principal Place of Business

3. Mailing Address

8249 SW 193rd St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Miami, FL

Zip

Country

Zip

Country

33157

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARLOS J. ARBOLEYA, JR., P.A.
2550 SOUTH DIXIE HIGHWAY
COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

Name Ramon NAVARRO

Street Address (P.O. Box Number is Not Acceptable)
8249 SW 193rd St.

City Miami

FL

Zip Code 33157

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/MANAGERS

TITLE MGR
NAME NAVARRO, RAY ☐ Delete
STREET ADDRESS 6150 S.W. 76TH STREET
CITY-ST-ZIP SOUTH MIAMI FL 33143

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME RAMON NAVARRO
STREET ADDRESS 8249 SW 193rd St
CITY-ST-ZIP Miami, FL 33157

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 300003399393-9
CITY-ST-ZIP -09/20/00-01062-010

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS *****50.00
CITY-ST-ZIP *****50.00

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 #

9-6-00

CR2E083 (5/00)