

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000862

1. Entity Name
RICCI REEVES DEVELOPMENT, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 10 PM 4:37

Principal Place of Business
13200 S.W. 128TH STREET, UNIT B-4
MIAMI FL 33186

Mailing Address
13200 S.W. 128TH STREET, UNIT B-4
MIAMI FL 33186-5826

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0850333

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

BAYER, THEODORE R ESQ.
9400 S. DADELAND BLVD., SUITE 300
MIAMI FL 33156

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
MGRM
RICCI, JAMES
15454 S.W. 147TH STREET
MIAMI FL 33196

Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
000003099800-9
-01/14/00-01103-019
*****50.00 *****50.00

Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
REEVES, ANDREW
14125 S.W. 166TH TERRACE
MIAMI FL 33177

Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
000003099800-9
-01/14/00-01103-019
*****50.00 *****50.00

Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

Delete

TITLE
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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 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
Andrew Reeves

1/6/00

305-556-0021

Date

Daytime Phone #

CR2E083 (9/99)