

2000 UNIFORM BUSINESS REPORT (UBR)

0002707 IN

DOCUMENT # L98000001435

1. Entity Name
1620 HEALTH PARTNERS L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 16 PM 1:56

Principal Place of Business
C/O 1500 MIAMI CENTER
201 SOUTH BISCAYNE BLVD.
MIAMI FL 33131

Mailing Address
C/O 1500 MIAMI CENTER
201 SOUTH BISCAYNE BLVD.
MIAMI FL 33131-4332



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0865141

APPLIED FOR

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

FRIEDBAUER, ROGER
C/O 1500 MIAMI CENTER
201 SOUTH BISCAYNE BLVD.
MIAMI FL 33131

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 ~~MGR~~
NAME ~~SOUTHERN HOSPITALITY DEVELOPERS, INC.~~
STREET ADDRESS ~~201 SOUTH BISCAYNE BLVD.~~
CITY- ST- ZIP ~~MIAMI FL 33131~~

TITLE Managing Member
NAME Roger Friedbauer
STREET ADDRESS 1500 Miami Center, 201 S. Biscayne Blvd.
CITY- ST- ZIP Miami, FL 33131

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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
Roger Friedbauer, Managing Member

2/15/00

(305) 379-9104

Date

Daytime Phone #