

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000001524**

1. Entity Name  
**1425 N. VIEW DRIVE, L.L.C.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 22 PM 12: 52

Principal Place of Business  
**100 COLLINS AVENUE, SUITE #7  
MIAMI BEACH FL 33139**

Mailing Address  
**100 COLLINS AVENUE, SUITE #7  
MIAMI BEACH FL 33139-7222**



2. Principal Place of Business  
**1800 Sunset Harbor Dr  
Suite, Apt. #, etc.  
Suite #3**

3. Mailing Address  
**1800 Sunset Harbor Dr  
Suite, Apt. #, etc.  
Suite #3**

DO NOT WRITE IN THIS SPACE

City & State  
**Miami Bch, FL**

City & State  
**Miami Bch, FL**

4. FEI Number **APPLIED FOR**  
**65-0857733**

Applied For  
 Not Applicable

Zip Country  
**33139 USA**

Zip Country  
**33139 USA**

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**AGIM REGISTERED AGENTS, INC.  
1200 BRICKELL AVENUE, SUITE 900  
MIAMI FL 33131**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

**9. MANAGING MEMBERS / MEMBERS**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGR	MORGAN, THOMAS H	1999 BROADWAY, SUITE 2450	DENVER CO 80202	<input type="checkbox"/>
MGR	TUTT, J. WALLACE III	100 COLLINS AVE., SUITE #7	MIAMI BEACH FL 33139	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**10. ADDITIONS / CHANGES**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
MGR	TUTT, J. WALLACE III	1800 Sunset Harbor Dr Unit 3	Miami Bch, FL 33139	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Wallace III  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2/16/00 305-532-8800  
Date Daytime Phone #

CR2E083 (9/99)