

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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1800 Sunset Harbor Dr
Suite #3**

3. Mailing Address

**1800 Sunset Harbor Dr
Suite #3**

City & State

Miami Bch, FL

City & State

Miami Bch, FL

4. FEI Number

65-0857733

Applied For

Not Applicable

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

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

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **MORGAN, THOMAS H**
CITY-ST-ZIP **1999 BROADWAY, SUITE 2450
DENVER CO 80202**

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **TUTT, J. WALLACE III**
CITY-ST-ZIP **100 COLLINS AVE., SUITE #7
MIAMI BEACH FL 33139**

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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **ny 3/2/00**

TITLE ☒ Change ☐ Addition
NAME **MGR**
STREET ADDRESS **TUTT, J. WALLACE III**
CITY-ST-ZIP **1800 Sunset Harbor Dr Unit 3
Miami Bch, FL 33139**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **500003161945--0
-03/08/00--01010--008
*****55.00 *****55.00**

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)(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

Date

305-532-8800

Daytime Phone #

CR2E083 (9/99)