

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 18 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L98000001599**

1. Entity Name

1801 BUILDING, LLC

Principal Place of Business

**1801 N.W. 82ND AVENUE
MIAMI FL 33126-1013**

Mailing Address

**1801 N.W. 82ND AVENUE
MIAMI FL 33126-1013**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0862471

Applied For

Not Applicable

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

**AGUIRRE, JOSE
1801 N.W. 82ND AVENUE
MIAMI FL 33126-1013**

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 ☐ Delete
NAME **MGRM**
STREET ADDRESS **AGUIRRE, JOSE**
CITY-ST-ZIP **1801 N.W. 82ND AVENUE
MIAMI FL 33126-1013**

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

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **ROBERTS, LEONARD C**
CITY-ST-ZIP **1801 N.W. 82ND AVENUE
MIAMI FL 33126-1013**

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

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **ROBERTS, BRUCE D**
CITY-ST-ZIP **1801 N.W. 82ND AVENUE
MIAMI FL 33126-1013**

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

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **GLUKSTAD, PHYLLIS**
CITY-ST-ZIP **1801 N.W. 82ND AVENUE
MIAMI FL 33126-1013**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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

Jose Aguirre 4/17/00 305-5940038

Date

Daytime Phone #

CR2E083 (9/99)