

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001599

1. Entity Name

1801 BUILDING, LLC

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90075 012 \*\*\*\*50.00

956487



DO NOT WRITE IN THIS SPACE

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	AGUIRRE, JOSE	1801 N.W. 82ND AVENUE	MIAMI FL 33126-1013	<input type="checkbox"/>
MGR	ROBERTS, LEONARD C	1801 N.W. 82ND AVENUE	MIAMI FL 33126-1013	<input type="checkbox"/>
MGR	ROBERTS, BRUCE D	1801 N.W. 82ND AVENUE	MIAMI FL 33126-1013	<input type="checkbox"/>
MGR	GLUKSTAD, PHYLLIS	1801 N.W. 82ND AVENUE	MIAMI FL 33126-1013	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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"/>	<input type="checkbox"/>

CR2E083 (9/01)

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:

*Jose Aguirre*

Jose Aguirre

4/24/02 (305)594-0038

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #