

3 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L98000002055

1. Entity Name

75TH AVENUE, L.C.



FILED

2003 SEP -9 PM 1:12

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business
7200 N.W. 7TH STREET, SUITE 300
MIAMI FL 33126

Mailing Address
7200 N.W. 7TH STREET, SUITE 300
MIAMI FL 33126

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
299 ALHAMBRA CR.
#405

City & State
CORAL GABLES FL

Suite, Apt. #, etc.
#405

City & State
CORAL GABLES FL

City & State
CORAL GABLES FL

Zip
33134

Country
USA

4. FEI Number 65-0875265
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

GONZALEZ, LOUIS O
7200 N.W. 7TH STREET, SUITE 300
MIAMI FL 33126

Name GONZALEZ, LOUIS O.
Street Address (P.O. Box Number is Not Acceptable)
299 ALHAMBRA CR #405
City CORAL GABLES, FL FL Zip Code 33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* Louis O. Gonzalez 9/08/03
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 Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME GONZALEZ, LOUIS O
STREET ADDRESS 7200 N.W. 7TH STREET, SUITE 300
CITY-ST-ZIP MIAMI FL 33126

TITLE MGR
NAME LOUIS O. GONZALEZ
STREET ADDRESS 299 ALHAMBRA CR, #405
CITY-ST-ZIP CORAL GABLES, FL 33134

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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]* Louis O. Gonzalez Sept 8/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)