

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90229 040 ****50.00

DOCUMENT # L98000003400

1. Entity Name

ARCH CREEK WAREHOUSE COMPLEX, L.L.C.

Principal Place of Business

**15499 W. DIXIE HIGHWAY
 NORTH MIAMI BEACH FL 33162**

Mailing Address

15499 W. DIXIE HIGHWAY

NORTH MIAMI BEACH FL 33162

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

65-0885092

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KURZMAN, JOHN
 15499 W. DIXIE HIGHWAY
 NORTH MIAMI BEACH FL 33162**

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
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

| | |
|-------------------------------|---|
| TITLE NAME | MGRM KURZMAN, JOHN <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | 16496 NE 31 AVENUE NORTH MIAMI BEACH FL 33162 |
| TITLE NAME | MGRM KURZMAN, RHODA <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | 16496 NE 31 AVENUE NORTH MIAMI BEACH FL 33162 |
| TITLE NAME | MGRM A-Z BLDG., INC. <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | 15499 W. DIXIE HIGHWAY NORTH MIAMI BEACH FL 33162 |
| TITLE NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Delete |
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|-------------------------------|---|
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:

Rhoda Kurzman

4/10/02

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

Date

Daytime Phone #

CR2E083 (9/01)