

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR 23 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000000389

1. Entity Name  
9590 LIMITED LIABILITY COMPANY

Principal Place of Business

9590 N.W. 7TH AVENUE  
MIAMI FL 33150

Mailing Address

9590 N.W. 7TH AVENUE  
MIAMI FL 33150-1844

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

65-0898824

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

MINUM

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MENSCHER, BARRY H  
9590 N.W. 7TH AVENUE  
MIAMI FL 33150

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  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MEM  
MENSCHER, BARRY H  
9590 N.W. 7TH AVENUE  
MIAMI FL 33150 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
700003245827-8  
-05/09/00--01128--020  
\*\*\*\*\*50.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MEM  
MENSCHER, CAROL A  
9590 N.W. 7TH AVENUE  
MIAMI FL 33150 ☐ Delete

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

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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Barry H. Menscher

Date

4-20-00

Daytime Phone #

(305)  
693-1931

CR2E083 (9/99)