2000 UNIFORM RUSINESS REPORT (URB)

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DOCUMENT # L9900000472									3
STRAY DOG CORAL GABLES, L.L.C.					FILED				
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Principal Place of Business Mailing Address					· ·				
1444 COLLINS AVENUE 1444 COLLINS AVENUE MIAMI BEACH FL 33139 MIAMI BEACH FL 33139-4104			04		SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business 3. Mailing Address				'					
236 GMUNIO SKNOS 2325 GMUNIO Suite, Apt. #, etc.			dust on	DO NOT WRITE IN THIS SPACE					
				A FELL	Lumbor		Δr	plied For	٦
City & State COVAL GARSUSS CONAL GARSUSS CONAL GARSU				1.65	10920330		No	ot Applicable	
Zip 33134 Country Zip 33134			Country USA	5. Certi	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					
WEIDER, NORMAN S ESQ				Street Address (P.O. Box Number is Not Acceptable)					
100 S.E. 2ND STREET SUITE 3950									\dashv
MIAMI FL 33131			City			FL	Zip Code	e	+
8. The above	named entity submits this statement for	registered agent,	or both, in the State of Flo			, ,	-		
CICNATURE				j\$	1 2	. P			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									4
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State									
				nem or state			·		_
9.	MANAGING MEMBERS 10 MGRM 11				ADDITIONS/		Change	Addition	ő
TITLE "	THE MAINTING INCOME.						*	_	9
STREET ADDRESS 1444 COLLINS AVENUE			STREET ADDRESS City-St-Zip	COVAL GABLES FL 33134					EUBS
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NAME STREET ADDRESS	a sylva a sa	-	NAME STREET ADDRESS						7
CITY-81-ZIP	nortify that the information are all admits	this filing does not availa, for	CITY-ST-ZIP	ad in Section 110	07/3Vi) Florida Statutes	further certif	iv that the i	pformation	\dashv
indicated	certify that the information supplied with on this report is true and accurate and ability company or the receiver or trusty	mat my signature shall have the compowered to execute this re-	the same legal effect eport as required b	et as if made unde y Chapter 608, Flo	r oath; that I am a manag orida Statutes.	ing member	or manage	er of the	
SON 11-11-11-11-11									
SIGNATURE: SIGNATURE OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date D							04/1		
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