

# 2000 UNIFORM BUSINESS REPORT (UBR)

0003517 AF

DOCUMENT # **L99000000472**

1. Entity Name  
**STRAY DOG CORAL GABLES, L.L.C.**

FILED

00 MAR 23 PM 3: 30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>1444 COLLINS AVENUE MIAMI BEACH FL 33139</b>	Mailing Address <b>1444 COLLINS AVENUE MIAMI BEACH FL 33139-4104</b>
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2. Principal Place of Business <b>2325 GALIANO STREET</b>	3. Mailing Address <b>2325 GALIANO STREET</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>CORAL GABLES</b>	City & State <b>CORAL GABLES</b>
Zip <b>33134</b>	Country <b>USA</b>

4. FEI Number <b>650920330</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**WEIDER, NORMAN S ESQ  
100 S.E. 2ND STREET  
SUITE 3950  
MIAMI FL 33131**

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 \_\_\_\_\_ (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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM PITTMAN, KENNETH D. 1444 COLLINS AVENUE MIAMI BEACH FL 33139</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2325 GALIANO STREET CORAL GABLES FL 33134</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>800003198178--2 -04/06/00--01054--006 *****50.00 *****50.00</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)