

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

0005715

DOCUMENT # L99000001819

1. Entity Name

FAITH AT 97TH AVENUE, L.L.C.

01-31-2002 90082 039 *****50.00

Principal Place of Business

**7000 N.W. 33RD TERRACE
 MIAMI FL 33122**

Mailing Address

**7000 N.W. 33RD TERRACE
 MIAMI FL 33122**

2. Principal Place of Business

6701 NW 7 STREET

3. Mailing Address

P.O. BOX 523070

Suite, Apt. #, etc.

SUITE # 190

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33126

Country

MIAMI-DADE

Zip

33152

Country

MIAMI-DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0912352

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**FAITH, ROBERTO
 7000 N.W. 33RD TERRACE
 MIAMI FL 33122**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6701 NW 7 STREET

SUITE 190

City

MIAMI

FL

Zip Code

33126

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

JAN 25 2002

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR** ☐ Delete
 NAME **FAITH, ROBERTO**
 STREET ADDRESS **7000 N.W. 33RD TERRACE**
 CITY-ST-ZIP **MIAMI FL 33122**

10. ADDITIONS / CHANGES

TITLE ☒ Change ☐ Addition
 NAME **6701 NW 7 STREET - SUITE 190**
 STREET ADDRESS **MIAMI, FL. 33126**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
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TITLE ☐ Change ☐ Addition
 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

SIGNATURE REQUIRED

JAN 25 2002

(305) 265-5400

CR2E083 (9/01)