

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000002217**

1. Entity Name
3600 REALTY ASSOCIATES, L.C.

Principal Place of Business
**439 N.E. 7TH AVENUE
FORT LAUDERDALE FL 33301-1207**

Mailing Address
**439 N.E. 7TH AVENUE
FORT LAUDERDALE FL 33301-1207**

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

65-0921452

Applied For

Not Applicable

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

**HEWITT, RICHARD III
439 N.E. 7TH AVENUE
FORT LAUDERDALE FL 33301-1207**

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
**MGRM
HEWITT, RICHARD III
439 N.E. 7TH AVENUE
FORT LAUDERDALE FL 33301-1207** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600003656946--9 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HEWITT, DONNA
439 N.E. 7TH AVENUE
FORT LAUDERDALE FL 33301-1207** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
02/08/01 01007 020 ☐ Change ☐ Addition
*******50.00 *****50.00**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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 #

FILED

01 JAN 31 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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