

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002269

1. Entity Name

OFFFLEX Properties, LLC

Principal Place of Business

Mailing Address

2911 Grand Avenue
Suite 4-A
Miami, Florida 33133

2911 Grand Avenue
Suite 4-A
Miami, Florida 33133

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

65-0910736

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

James Eagleton

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

2911 Grand Avenue, Suite 4-A

City

Miami

FL

Zip Code
33133

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

James Eagleton
Signature typed or printed name of registered agent and title if applicable.

James Eagleton V.P.

4-16-01

(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
Managing Member
Guy Kathe
2911 Grand Avenue, Suite 4-A
Miami, Florida 33133

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400004420124--8
-06/14/01--01071--015
*****50.00 *****50.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Member
James Eagleton
2911 Grand Avenue, Suite 4-A
Miami, FL 33133

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE
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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:

James Eagleton
James Eagleton

Vice President

4-16-01

305 476 1944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)