2001 UNIFORM BUSINESS REPORT (UBR)

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DOCÜ	MENT# L	990000023	355				,	-	****		8
55 N.W. 59TH STREET, L.C.							FILED		•		7
						10	APR 23 PM	2:42			
Principal Place of Business Mailing Address						SECRETARY OF STATE ' TALLAHASSEE. FLORIDA					
			DAY AVENUE. SUITE #B			TALL	AHASSEE. F	LORIDA			
MIAMI FL 33	133	MIAMI FL :	33133		1	1 (81)(8:1	AIA (AIJA (B):: AAI:: AAI	li 8000 8800 88	11 0 11 0 110 111 0	. 	
2 Principal F	Place of Business	3 Mailing A	ddroce								
·		3. Williams	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & Sta	City & State			4. FEI Number Applied For					
Zip Country		Zip	Zip Count		E. Cortificate of Status Desired S5.00			5.00 Add	ot Applicable ditional	+	
	6. Name and Address	of Current Registered Age	ent		<u>. </u>		ddress of New Re		ee Require	<u></u>	-
 -		4		Name		7. Name and A	daless of New Tie	gistered Ag	CIT		1
SICLAIT, EDOUARD				Street A	street Address (P.O. Box Number is Not Acceptable)						1
2961 DAY AVENUE, SUITE #B				<u> </u>	-						4
MIAMI FL	. 33133			City					Zip Code		}
						<u> </u>		FL	Zip Oode	<u> </u>	-
8. The above	named entity submits this s	statement for the purpose of	changing its regis	stered office o	r registere	d agent, or both,	in the State of Flori	ida.			}
SIGNATURE	Signature, typed or printed name of re		Worth Design					DATE			
	signature, typed or printed hame or re	spistered agent and fille in applicable.	(NO1E: Regis	stered Agent signa	rure required w	men reinstaung)		DATE			1
		Make	FILE NOW!			State	,				
		Make	e Check Payabl	e to Depart	iment of	State	,				
9.		ING MEMBERS/MEMBERS		10.	1		ADDITIONS/C		7.01	F	<u>ا</u>
TITLE NAME	MGR SICLAIT, EDOUARD	L		title Name				۱۸۱	Change	Addition	Ş
STREET ADDRESS	2961 DAY AVENUE, SI	UITE #B	STREE								RZE083 (11/00)
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STREET ADDRESS				STREET ADDRESS		ب استان	00041 -05/04/	01010)920	22	
CITY-ST-ZIP				CITY-ST-ZIP		**** j.*** <u>i</u>	****1	1.00 *	****5	0.00	}
TITLE NAME		L		title Name				L] Change	☐ Addition	
STREET ADDRESS				STREET ADDRESS		-					
CITY-ST-ZIP		<u> </u>		CITY-ST-ZIP	"		·				
TITLE				TITLE] Change	☐ Addition	
NAME STREET ADDRESS				NAME Street address							
CITY-ST-ZIP			•	CITY-ST-ZIP							ĺ
TITLE			Delete 1	TITLE					Change	Addition	
NAME STREET ADDRESS				NAME							
CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP							
11. Í hereby c	ertify that the information su	pplied with this filing does i	not qualify for the e	exemption sta	ted in Sect	ion 119.07(3)(i),	Florida Statutes. I f	urther certify	that the in	formation	1
indicated	on this report is true and ac oility company or the receive	curate and that my signatur	e shall have the sa	ame legal effe	ct as if ma	de under oath itt	nat Lam a managir	g member o	ır manager	of the	{

SIGNATURE:

Date

Daytime Phone #