2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L9900002784									
21 WEST, LLC						FILED			
•						01 JAN 31 PM 12: 24			
Principal Place of Business Mailing Address						01 JAN 3'			
21 WEST LAS FORT LAUDE		WEST LAS OLAS BLVD. RT LAUDERDALE FL 33301			SECRETARY OF STATE TALLAHASSEE, FLORIDA				
	•								
2. Principal P	Place of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI	Number 65-0928973		pplied For lot Applicable		
Zip	Country	Zip	Cour	ntry	5. Cer	5. Certificate of Status Desired			
	6. Name and Address of Curren	t Registered Agent		Name	~⁻ 7.1Naπ	e and Address of New Registered	Agent		
HALMOS, STEVEN J				Street Address (P.O. Box Number is Not Acceptable)					
21 WEST LAS OLAS BLVD.				- Curect Addi	Address (F.O. Day Hamber is Not Addeptable)				
FORT LAI	UDERDALE FL 33301			City			■ Zip Coc		
				City		F	L Zip Coc	Je .	
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									
<u>.</u>	Signature, types of printed harro or registrated agent		\						
		FILE N Make Check Pa		FEE IS \$50 to Departme					
	MANAGING MEM		10.			ADDITIONS/CHANGE	<u> </u>		
9. TITLE	MGRM	Delete	TITL			ADDITIONA) OF IARGE	☐ Change	☐ Addition	
NAME STREET ADDRESS	HALMOS, STEVEN J		NAN STR	ME EET ADDRESS				ļ	
CITY-ST-ZIP	21 WEST LAS OLAS BLVD. FORT LAUDERDALE FL 33301			-ST-ZIP					
TITLE NAME	_	☐ Delete	TITL NAM	1 1		-02/08/01			
STREET ADDRESS				EET ADDRESS		*****50.00		50.00	
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TITLE		☐ Delete	TITL			•	☐ Change	☐ Addition	
NAME			NAM	IE EET ADDRESS					
STREET ADORESS CITY-ST-ZIP				-ST-ZIP			<u>.</u>		
TITLE		☐ Delete	TITL	1 1			☐ Change	☐ Addition	
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CITY-ST-ZIP			CITY	'-ST-ZIP					
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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 on the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									
SIGNAT	TIDE: SOIL	TURNER OF THE	19(E.	Ment	lier	1/25/01		ļ	
JIGNAI	CONTRIBUTION OF PRINTED HAVE	OF SICURIO MANAGING BENDER MA	HACIP OF		DOECENTATIVE	Date	Doutine Phone #		