

2000 UNIFORM BUSINESS REPORT (UBR)

0014231 AF

DOCUMENT # L990000003061

1. Entity Name
ADD PROPERTIES, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -2 PM 4:20

Principal Place of Business

514 S.W. 98TH PLACE
MIAMI FL 33174

Mailing Address

514 S.W. 98TH PLACE
MIAMI FL 33174-1923



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0922740

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

X

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEWIS, HAROLD L

ONE BISCAYNE TOWER, SUITE 3000

2 SOUTH BISCAYNE BLVD.

MIAMI FL 33131

Name

Nury Ruizcalderon

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

514 SW 98 Place

City

Miami

FL

Zip Code

33174

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

Nury C. Ruizcalderon

1/28/2000

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
MGR
RUIZCALDERON, NURY C
514 S.W. 98TH PLACE
MIAMI FL 33174

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
400003123644-7
-02/04/00-01003-014
*****55.00 *****55.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
PEREZ, AMADO R
514 S.W. 98TH PLACE
MIAMI FL 33174

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
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CITY- ST- ZIP
MGR
PEREZ, REGLA N
514 S.W. 98TH PLACE
MIAMI FL 33174

☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ 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:

Nury C. Ruizcalderon

305-477-9998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/28/2000

Daytime Phone #

0014231 AF