200	1 UNIFORM BUS	INESS REPO	PRT	(UBR)						Š
DOCUMENT # L9900003061 1. Entity Name										
ADD PROPERTIES, LLC		v . 5				FILED				
Principal Pla	ce of Business	Mailing Address				OI JAN 26 AM 9:35				
514 S.W. 98TH PLACE MIAMI FL 33174		514 S.W. 98TH PLACE MIAMI FL 33174				SECRETARY OF STATE TABLEAHASSEE, FLORIDA				
2. Principal Place of Business		3. Mailing Address					(† 68 10) 88 711 8 0	4108 11711 86 178	I ONION HIGH SPOR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			,	DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI	Number 65-0922740			pplied For ot Applicable		
Zip	Country Zip		Cour	ntry		ificate of Status Desired	= F	\$5.00 Add	ditional ed	
	6. Name and Address of Current	Registered Agent				e and Address of New Re	gistered A	gent		
RUIZCALDERON, NURY			-,	- Name -				- * * * *	من با	
514 S.W.	98TH PLACE		Street			ess (P.O. Box Number is Not Acceptable)				
MIAMI FL	331/4		·					Zíp Cod		
							FL	Zip Coo		_
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	Registere	d Agent signature requi	red when reinets:	ina)	DATE			
		(10)	- · · · · · · · · · · · · · · · · · · ·	a Agent alginature redui	Tod When Tellista	ing/	DATE			-
				FEE IS \$50.0						
	•	Make Check Pa	yable t	o Department	of State					
9.	MANAGING MEMBI	ERS/MEMBERS	10.			ADDITIONS/0	CHANGES			4
TITLE	MGR	☐ Delete	TITL	E .		7.5511011070		☐ Change	Addition	8
NAME	RUIZCALDERON, NURY C 514 S.W. 98TH PLACE		NAM	E						Ξ
STREET ADDRESS CITY-ST-ZIP	MIAMI FL 33174			ET ADDRESS -ST-ZIP						83
TITLE	MGR	☐ Delete	TITLE			····			- Addistan	CR2E083 (11/00)
NAME	PEREZ, AMADO R	L Delete	NAM	ľ				☐ Change	Addition	5
STREET ADDRESS	514 S.W. 98TH PLACE		STRE	ET ADDRESS		•				
CITY-ST-ZIP	MIAMI FL 33174		CITY	-ST-ZIP						
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: ب حب - NAME STREET ADDRESS	514 S.W. 98TH PLACE	-	NAM	ET ADDRESS	~~	-01/31 <u>/</u> /	174	<u> 556-</u>		
CITY-ST-ZIP	MIAMI FL 33174			-ST-ZIP		******	. nn : 1111.	#****5	119 Tono	Ī
TITLE		☐ Delete	TITLE	: -				<u> </u>	☐ Addition	1
NAME			NAMI	E			'			
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NAME: STREET ADDRESS			NAME							
CITY-ST-ZIP				ET ADDRESS ST-ZIP					ļ	
11. I hereby c	ertify that the information supplied with	this filing does not qualify for	he ever	notion stated in S	Section 110 (7(3)(i) Florida Statutos 15	irther cortif	u that the !-	formation	
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 true empowered to execute this report as required by Chapter 608, Florida Statutes.										
SIGNATURE Dienform Nuey Cakuizealderon 1/19/01 305-477-9998										
	SIGNATURE AND TYPED OR PRINTED NAME OF	SIGNING MANAGING MEMBER MANA	GER, OR	AUTHORIZED REPRES	ENTATIVE	Date	Dayt	ime Phone #		