

2001 UNIFORM BUSINESS REPORT (UBR)

0000566 AF

DOCUMENT # **L99000003335**

1. Entity Name
116 ALHAMBRA, L.L.C.

FILED

01 APR 25 PM 5:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**116 ALHAMBRA CIRCLE, SUITE J
CORAL GABLES FL 33134**

Mailing Address
**116 ALHAMBRA CIRCLE, SUITE J
CORAL GABLES FL 33134**



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

65-0925410

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BEAME, LAWRENCE
116 ALHAMBRA CIRCLE, SUITE J
CORAL GABLES FL 33134**

Name

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

City

FL

Zip Code

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

**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

**MGRM
BEAME, LAWRENCE
760 SAN JUAN DR.
CORAL GABLES FL 33143**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**200004163432--8
-05/08/01--01139--001
*****55.00 *****55.00**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
OLGA PIZZI GARCIA
5870 S.W. 85TH ST.
MIAMI FL 33142**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
E. STETSON GLINES
1134 OBISPO AVE.
CORAL GABLES FL 33134**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
HERBERT, DAVID
5161 S.W. 21ST CT.
FT. LAUDERDALE FL 33317**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

4-16-01

305.444.7100

CR2E083 (11/00)