

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003717

1. Entity Name
758 WASHINGTON AVENUE, L.C.

Principal Place of Business
7950 N.E. BAYSHORE COURT
MIAMI FL 33138

Mailing Address
7950 N.E. BAYSHORE COURT
MIAMI FL 33138

FILED

01 FEB -7 AM 7:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 65-0930040

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

BERSON, JUDITH S
900 BAY DRIVE, #10 PH2
MIAMI BEACH FL 33141

Name

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

900 Bay Drive PH2

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 MGR LEVINSON, STEVEN Z ☐ Delete
STREET ADDRESS 7950 N.E. BAYSHORE COURT
CITY-ST-ZIP MIAMI BEACH FL 33138

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 900 Bay Drive PH2
CITY-ST-ZIP Miami Beach FL 33141

TITLE NAME MGR BERSON, JUDITH S ☐ Delete
STREET ADDRESS 900 BAY DRIVE, #10
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 900 Bay Drive PH2
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 000003675480--2
CITY-ST-ZIP -02/13/01--01008--003

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *****50.00 ☐ Change ☐ Addition
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Judith Berson 1-29-01 305-757-5722

0009210 AF

CR2E083 (11/00)