2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005227

1. Entity Name

7620 N.W. 2ND AVENUE, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 22 PH 12: 09

Principal Place of Business	Mailing Address
2961 DAY AVENUE. SUITE B MIAMI FL 33133	2961 DAY AVENUE. SUITE B MIAMI FL 33133-7203

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 65-0971009	Applied For
Zip	Country	Zip	Country		Not Applicable

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

Name

SICLAIT, EDOUARD
2961 DAY AVENUE, SUITE B
MIAMI FL 33133

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**	MGR SICLAIT, EDOUARD 2961 DAY AVENUE, SUITE B MIAMI FL 33133	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition	
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**		☑ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	700003164937--2 --03/10/00--01030--004 ****600.00 *****50.00 ☐ Change ☐ Addition	
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**		☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition	
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**		☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition	
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TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**		☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition	

CR2E083 (9/99)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER   Date   Daytime Phone #

2/17/00   (800) 753-7050