

# **2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L99000005227

1. Entity Name  
**7620 N.W. 2ND AVENUE, L.C.**

Principal Place of Business	Mailing Address
2961 DAY AVENUE, SUITE B MIAMI FL 33133	2961 DAY AVENUE, SUITE B MIAMI FL 33133

**2. Principal Place of Business** **3. Mailing Address**

**City & State** \_\_\_\_\_ **City & State** \_\_\_\_\_

Zip

Zip

4. FEI Number	65-0971009	Applied For
		Not Applicable

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

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

Name \_\_\_\_\_

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

City

**FI** 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 \_\_\_\_\_ Date \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State**

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**

4/16/01  
Date

Daytime Phone #