

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 JUN -5 AM 10:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0003834 AF

DOCUMENT # L99000005743

1. Entity Name  
7700 RED ROAD, L.L.C.

Principal Place of Business Mailing Address  
363 GRANELLO 363 GRANELLO  
CORAL GABLES FL 33146 CORAL GABLES FL 33146-1806



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
7700 Red Road 7700 Red Rd  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
South Miami, FL South Miami, FL  
Zip 33143 Country USA Zip 33143 Country USA

4. FEI Number Applied For  
65-0931804 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

WEIDER, NORMAN S  
100 S.E. 2ND STREET  
STE 3910  
MIAMI FL 33131

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 DATE 4-26-00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MEMBERS  
TITLE NAME ☐ Delete  
MGRM JOHANSSON, STEFAN  
STREET ADDRESS 363 GRANELLO AVENUE  
CITY-ST-ZIP CORAL GABLES FL SAME AS 7 ABOVE  
TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES  
TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
400003297104--2  
-06/20/00--01051--016  
\*\*\*\*\*50.00 ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4-26-00 305-442-7008

Date Daytime Phone #

CR2E081 (9/99)