

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 APR -6 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AF

DOCUMENT # L99000006184

1. Entity Name
7300 INVESTMENTS, L.L.C.

Principal Place of Business
4960 SW 72 AVE., SUITE 400
MIAMI FL 33155

Mailing Address
4960 SW 72 AVE., SUITE 400
MIAMI FL 33155



2. Principal Place of Business
4960 SW 72 AVE
Suite, Apt. #, etc. 400

3. Mailing Address
4960 SW 72 AVE
Suite, Apt. #, etc. 400

City & State
miami FL
Zip 33155 Country

City & State
miami FL
Zip 33155 Country

4. FEI Number APPLIED FOR
65-0642508
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MATTAWAY, L. RICHARD
5703 S.W. 85TH STREET
SOUTH MIAMI FL 33143

7. Name and Address of New Registered Agent

Name SAME
Street Address (P.O. Box Number is Not Acceptable)
4960 SW 72 AVE., # 400
City miami FL Zip Code 33155

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 _____ (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

TITLE NAME MGR
STREET ADDRESS WESTWAY LIMITED, A FLORIDA LIMITED PARTNER
CITY-ST-ZIP 5703 S.W. 85TH STREET
SOUTH MIAMI FL 33143

10. ADDITIONS / CHANGES

TITLE NAME SAME
STREET ADDRESS 4960 SW 72 AVE, Suite 400
CITY-ST-ZIP miami, FL 33155

TITLE NAME
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CITY-ST-ZIP

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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

3/15/01

Date

305/662-1421

Daytime Phone #

CR2E083 (11/00)