

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008020

1. Entity Name

8037 N.E. 2ND AVENUE, L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 22 PM 12:09

Principal Place of Business

13391 S.W. 88TH TERRACE  
SUITE #F  
MIAMI FL 33186

Mailing Address

13391 S.W. 88TH TERRACE  
SUITE #F  
MIAMI FL 33186-1782

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0971881

Applied For

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

DUMONT, DOMINIQUE

13391 S.W. 88TH TERRACE

SUITE #F

MIAMI FL 33186

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

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  
STREET ADDRESS DUMONT, DOMINIQUE  
CITY-ST-ZIP 13391 S.W. 88TH TERRACE, SUITE #F  
MIAMI FL 33186 ☐ Delete

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 800003164938--9  
CITY-ST-ZIP -03/10/00--01030--004  
\*\*\*500.00 ☐ Change ☐ Addition

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

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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 a 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

2/17/00

Date

(305) 385 9903

Daytime Phone #

CR2E083 (9/99)