2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L9900009356 1. Entity Name N & R PROPERTIES, LLC											
A G IT POPENIES, LEO						FILED					
Principal Place of Business Mailing Address						01	MAR 26	AM I	: 54		
7035G S.W. 47TH STREET		7035G S.W. 47TH STREET				CEODET/DV OF STATE					
MIAMI FL 33155 MIAMI FL 33155						SECRETARY OF STATE TALLAHASSEE FLORIDA					
2. Principal Place of Business		3. Mailing Address				- I LOBRICORE DI O PORTO REGILI DONIN DONIN DONIN DORRI GORRO (DIBO INCITE DIVINO BINE NACE					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State		City & State			4. FEI I	4. FEI Number 65-0973381 Applied For Not Applicable					
Zip	Country	Zip	Coun	try	5. Cert	ificate of Status Desired	\$	5.00 Add	ditional ed		
	6. Name and Address of Current	Registered Agent		7. Nam	e and Address of New F						
DENECA	Name										
RENEGAR, CHRISTOPHER D 7035G S.W. 47TH STREET				Street Address (P.O. Box Number is Not Acceptable)							
MIAMI FL 33155										7	
				City FL Zip Code						1	
8. The above	e named entity submits this statement for	or the purpose of changing its	registere	ed office or regis	tered agent,	or both, in the State of Fk	rida.			1	
CIONATURE											
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered	d Agent signature requi	red when reinstat	ing)	DATE				
		FILE NO) !!! WC	FEE IS \$50.0	0						
	•	Make Check Pa	yable te	Department	of State						
9.	MANAGING MEMB	ERS/MEMBERS	10.			ADDITIONS	CHANGES			{ _	
TITLE	MGRM	☐ Delete	TITLE					Change	Addition] [6	
NAME STREET ADDRESS	RENEGAR, CHRISTOPHER 7035G SW 47TH STREET		NAME STRE	ET ADDRESS						3 (1	
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NAME			NAME								
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP							
11. I hereby of indicated	certify that the information supplied with on this report is true and accurate and bility company or the receiver or trustee	that my signature shall have t	the exen	nption stated in the legal effect as if	made unde	oath; that I am a manag	further certifying member	y that the in or manage	nformation r of the		
	60 Contra	she 10 Po	 -ننځنه	7			 .		a.c.		
SIGNAT	URE:	F SIGNING MANAGING MEMBER MAN	AGER, OR	AUTHORIZED REPRES	SENTATIVE	3/21/01 Date	<i>305-66</i> Daysi	8 88 me Phone #	17_	1	