

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000009356**

1. Entity Name
N & R PROPERTIES, LLC

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90069 038 ****50.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**7035G S.W. 47TH STREET
MIAMI FL 33155**

Mailing Address
**7035G S.W. 47TH STREET
MIAMI FL 33155**

2. Principal Place of Business
21321 N.E. 25TH COURT

3. Mailing Address
21321 N.E. 25TH COURT

Suite, Apt. #, etc.

City & State
MIAMI, FLA.

City & State
MIAMI, FLA.

Zip
33180

Country
USA

4. FEI Number **65-0973381**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**RENEGAR, CHRISTOPHER D
7035G S.W. 47TH STREET
MIAMI FL 33155**

7. Name and Address of New Registered Agent
Name **Fred Nagler**
Street Address (P.O. Box Number is Not Acceptable)
21321 N.E. 25TH COURT
City **Miami** FL Zip Code **33180**

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 **FREDERIC NAGLER** *Fred Nagler* DATE **4.11.02**

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM RENEGAR, CHRISTOPHER 7035G SW 47TH STREET MIAMI FL 33155 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM NAGLER, FREDERICK 7035G SW 47TH STREET MIAMI FL 33155 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Chris Renegar* **Chris Renegar** DATE **4/16/02** DAYTIME PHONE # **305-668-8899**

SIGNATURE AND TYPED OR PRINTED NAME OF EACH MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CONSUMER MINT