

2001 UNIFORM BUSINESS REPORT (UBR)

0009914 AF

DOCUMENT # M98000000647

1. Entity Name
1750 UNIVERSITY L.C.

Principal Place of Business

4960 SW 72 AVE
SUITE 404
MIAMI FL 33155

Mailing Address

4960 SW 72 AVE
SUITE 404
MIAMI FL 33155

FILED

01 APR -6 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

City & State

Miami FL

Zip

33155

Country

Zip

33155

Country

4. FEI Number

65-0844866

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, RICHARD L
5730 S.W. 85TH STREET
S. 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. Suite 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

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

TITLE NAME
MGRM
R-B MANAGEMENT CORP.
STREET ADDRESS
P.O. BOX 431984
CITY-ST-ZIP
MIAMI FL 33243-1984

☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME
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TITLE NAME
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CITY-ST-ZIP

☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)