

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90008 019 \*\*\*\*50.00

**DOCUMENT # M98000000647**

1. Entity Name

1750 UNIVERSITY 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

Mattaway, Richard  
 Suite, Apt. #, etc.  
 1501 Sunset Drive 2nd Floor  
 City & State  
 Coral Gables, Florida  
 Zip  
 33143  
 Country  
 USA

3. Mailing Address

Mattaway, Richard  
 Suite, Apt. #, etc.  
 1501 Sunset Drive 2nd Fl.  
 City & State  
 Coral Gables, Florida  
 Zip  
 33143  
 Country  
 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0844866

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

MATTAWAY, RICHARD L  
 4960 SW 72 AVE., SUITE 400  
 MIAMI FL 33155

*new  
 Address*

7. Name and Address of New Registered Agent

Name  
 Mattaway, Richard  
 Street Address (P.O. Box Number is Not Acceptable)  
 1501 SUNSET DRIVE  
 2nd FLOOR  
 City  
 CORAL GABLES FL Zip Code  
 33143

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>R-B MANAGEMENT CORP.<br>P.O. BOX 431984<br>MIAMI FL 33243-1984 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>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)(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 Brandon Lurie V.P.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

305-662-1421

CR2E083 (9/01)