

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** L00000015949

1. Entity Name

ORIGINAL 9290 ENTERPRISES LLC

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

12900 SW 89 COURT

12900 SW 89 COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33176

Country

USA

Zip

33176

Country

USA

4. FEI Number

65-1065444

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 MAY -1 PM 5:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

BERKOWITZ, RICHARD A.

Street Address (P.O. Box Number is Not Acceptable)

ONE SOUTHEAST THIRD AVENUE

15TH FLOOR

City  
MIAMI

FL

Zip Code  
33131

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 state if applicable

(NOT Registered Agent signature required when reinstating)

DATE

4/10/01

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

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

TITLE	MANAGING MEMBER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROLANDO B. GARCIA	
STREET ADDRESS	12900 SW 89 COURT	
CITY - ST - ZIP	MIAMI, FL 33176	
TITLE	MANAGING MEMBER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIA E. GARCIA	
STREET ADDRESS	12900 SW 89 COURT	
CITY - ST - ZIP	MIAMI, FL 33176	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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\*\*\*\*\*50.00 \*\*\*\*\*50.00

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:

*Rolando B. Garcia*

Rolando B. Garcia

4/25/01

Date

305-233-1322

Daytime Phone #

CR2E083 (11/00)