

FILED
Aug 29, 2002 8:00 am
Secretary of State

07-16-2002 90369 020 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008044

1. Entity Name

FERCHAF, L.L.C.

Principal Place of Business
**1782 VICTORIA POINTE CIRCLE
WESTON FL 33327**

Mailing Address
**1782 VICTORIA POINTE CIRCLE
WESTON FL 33327**

2. Principal Place of Business

2800 WESTON RD.

Suite, Apt. #, etc.

204

City & State

WESTON, FLORIDA

Zip

33331

Country

BROWARD

3. Mailing Address

833 SAVANNAH FALLS DR

Suite, Apt. #, etc.

City & State

WESTON, FLORIDA

Zip

33327

Country

BROWARD

4. FEI Number **APPLIED FOR**
76-0707731

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEGAL INFORMATION SERVICES, INC.

**1290 WESTON ROAD, SUITE 300
WESTON FL 33326**

7. Name and Address of New Registered Agent

Name

JOSE N. CORREA

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

833 SAVANNAH FALLS DR.

City
WESTON

FL

Zip Code
33327

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

JOSE N CORREA

07-02-02

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERCHAF DEVELOPMENT, INC. 1782 VICTORIA POINTE CIRCLE WESTON FL 33327	<input checked="" 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
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	MEMBER FRANCISCO FERNANDEZ 1782 VICTORIA POINTE CIRCLE WESTON, FL 33327	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER MONICA CHAFFARDET 172 VICTORIA POINTE CIRCLE WESTON, FL 33327	<input type="checkbox"/> Change <input checked="" 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

CR2E083 (4/02)

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 REQUIRED** **FRANCISCO FERNANDEZ** **07-03-02 (954)385-2077**

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

Date

Daytime Phone #