2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000019953

CAINE & WEINER SOUTH, LLC



FILED Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90154 006 ****50.00

			- 1						
Principal Pl	ace of Business	Mailing Address	<u></u>		-				
15025 OXNARD ST., STE. 100 VAN NUYS CA 91411		15025 OXNARD ST., STE, 100 VAN NUYS CA 91411							
2. Principal	Place of Business BUSCHWOOD PARK Dy #310	3. Mailing Address		· · · · · · · · · · · · · · · · · · ·					
Suite, Ap		Suite, Apt. #, etc.			_ ' '***''	men men mmtma prove manen Moffi	ORINE ANIMA IN	YYN YDYIN INYNY	ATERN TERT TOUT
TAMPA , FLORIDA						CHECK HERE	IF MAKING	i CHANGE	s
		City & State			4. FEI Number 02-0567776 Applied For				
336 19	Country HILLS BOROV 614	Zip	ip Country		5. Certifica	te of Status Desired		\$5.00 A	Not Applicable dditional
	6.: Name and Address of Current I	Registered Agent			7. Name ar	nd Address of New Re		Fee Requir	red
CI	CORPORATION SYSTEM		, N	Name			-gioteica i	·goni	
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Street Address		Street Address (I	(P.O. Box Number is Not Acceptable)				
							-		· · · · ·
				City			FL	Zip Co	
8. The above	e named entity submits this statement for tions of registered agent.	the purpose of changing its	s registered o	ffice or registere	ed agent, or be	oth, in the State of Flor	ida. I am fa	 amiliar with	and accept
SIGNATURE	- •	,		•					
- CIGITATONE	Signature, typed or printed name of registered agent an	d title if applicable. (NOT	TE: Registered Age	nt signature required	when reinstating)	-	DATE		
		FILE N	OW!!! FEE	IS \$50.00			,		······································
		Make Check Payab	le to Florid le By May 1	a Departmen	it of State				
9.	MANAGING MEMBER		10.			ADDITIONS/C	NAME OF THE PROPERTY OF THE PR		· - -
TITLE	MGRM	☐ Delete	TITLE	1		ADDITIONS/C		☐ Change	Addition
NAME STREET ADDRESS	CAINE, ROBERT E 15025 OXNARD ST # 100		NAME						, Nadilion
CITY-ST-ZIP	VAN NUYS CA 91436		STREET ADI						
TITLE		☐ Delete	TITLE	- -			 -	☐ Change	☐ Addition
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NAME STREET ADORESS	•		NAME				L] Change	☐ Addition
CITY-ST-ZIP			STREET ADDR						
			CITY-ST-ZIP	'					1

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 true employee to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE