

# 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **L99000001601**

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Entity Name  
**CORPORATE ESCAPES LLC**

Principal Place of Business  
**4198 NORTHWEST 29TH WAY  
BOCA RATON FL 33434**

Mailing Address  
**4198 NORTHWEST 29TH WAY  
BOCA RATON FL 33434**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0904663**

Applied For  
Not Applicable

-Zip- Country

Zip Country

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VALK, JEFFREY W  
4198 NORTHWEST 29TH WAY  
BOCA RATON FL 33434**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>MGRM VALK, JEFFREY W 4198 NORTHWEST 29TH WAY BOCA RATON FL 33434</b>	<input type="checkbox"/>		
<b>MGRM WACKES, ROBERT A 4198 NORTHWEST 29TH WAY BOCA RATON FL 33434</b>	<input type="checkbox"/>		
	<input type="checkbox"/>		
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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:** \_\_\_\_\_ **SIGNATURE REQUIRED** \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # **561.289.6809**

CR2E083 (11/00)