

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000459

1. Entity Name

JAGLE & ASSOCIATES, L.L.C.

FILED

01 APR 25 PM 5:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

120 BUTLER STREET, SUITE B
WEST PALM BEACH FL 33407

Mailing Address

120 BUTLER STREET, SUITE B
WEST PALM BEACH FL 33407



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

398 CAMINO GARDENS BLVD.

3. Mailing Address

398 CAMINO GARDENS BLVD.

Suite, Apt. #, etc.

SUITE 104

Suite, Apt. #, etc.

SUITE 104

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33432

Country

P.B.

Zip

33432

Country

P.B.

4. FEI Number

65-0974612

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KENNEY, TIMOTHY H

120 BUTLER STREET, SUITE B
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

Name

ARNALDO JAGLE

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

398 CAMINO GARDENS BLVD.

SUITE 104

City

BOCA RATON

FL

Zip Code

33432

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

1/16/01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE OWNER
NAME ARNALDO JAGLE
STREET ADDRESS 398 CAMINO GARDENS BLVD #104
CITY-ST-ZIP BOCA RATON, FL 33432

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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CITY-ST-ZIP

☐ Change

☐ 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

04/23/01

561 750-3747

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

Date

Daytime Phone #

CR2E083 (11/00)