

2001 UNIFORM BUSINESS REPORT (UBR)

U01569
AT

DOCUMENT # L00000000678

1. Entity Name

E&T OCCASIONAL INVESTMENTS, LLC

FILED

01 APR 13 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

612 S.E. 5TH AVENUE
FT. LAUDERDALE FL 33301

Mailing Address

612 S.E. 5TH AVENUE
FT. LAUDERDALE FL 33301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE #1

Suite, Apt. #, etc.

SUITE #1

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2216952

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DANIELS, NICHOLAS M
ONE S.E. 3RD AVE., STE. 2400
SUNTRUST INTERNATIONAL CENTER
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

JAMES D. EVANS

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

612 SE 5th Ave

SUITE #1

City

FT LAUDERDALE

FL

Zip Code

33301

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

JAMES D. EVANS 4/6/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

700004035857--7

-04/20/01--01026--008

*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
MGR
JAMES D. EVANS
612 SE 5th Ave #1
FT LAUDERDALE, FL 33301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
MGR
STEVE TELLMAN
265 CRAWWOOD DRIVE
KEY BISCAYNE, FL 33149

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
MGR
NICHOLAS AMARO
612 SE 5th Ave #1
FT LAUDERDALE, FL 33301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

JAMES D. EVANS 4/6/01 954 532-7770

CR2E083 (11/00)