

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000U844

1. Entity Name  
PANORAMIC ROCKS, L.L.C.

**FILED**  
**Sep 17, 2002 8:00 am**  
**Secretary of State**  
08-20-2002 90128 009 \*\*\*\*50.00

Principal Place of Business  
00 SUNRISE AVENUE, APT. 503  
PALM BEACH FL 33480

Mailing Address  
100 SUNRISE AVENUE, APT. 503  
PALM BEACH FL 33480

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **APPLIED FOR**  
**127-28-6506**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

NEVAI, CLARA  
100 SUNRISE AVENUE, APT. 503  
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

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

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**  
**Due By September 25, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR NEVAI, CLARA 100 SUNRISE AVENUE, APT. 503 PALM BEACH FL 33480	<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		<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
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Clara Nevai*

Date

Daytime Phone #

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

8/16/02

**PANORAMIC ROCKS, L.L.C.**

100 SUNRISE AVENUE, APT. 903  
PALM BEACH FL 33480

100 SUNRISE AVENUE, APT. 303  
PALM BEACH FL 33480

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

County

Country

**8. Name and Address of Current Registered Agent**

NEVAL, CLARA  
100 SUNRISE AVENUE, APT. 503  
PALM BEACH FL 33480

**NATIVE**

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

**SIGNATURE**

Buyers are advised to provide name of contractor, agent and type of building.

NOTE: Registered Agent: signature required when registering

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**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

FILE	MGR	<input type="checkbox"/> Delete
NAME	NEVAL, CLARA	
STREET ADDRESS	100 SUNRISE AVENUE, APT. 503	
CITY - ST - ZIP	PALM BEACH FL 33460	

TITLE		<input type="checkbox"/> Delivered
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Unrec
NAME	
STATE ADDRESS	
CITY-STATE-ZIP	

NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY ST ZIP		

FILE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	<input type="checkbox"/> Doleto
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

10.	ADDITIONS/CHANGES
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TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add/
NAME		
PHONE ADDRESS		
CITY- ST- ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add User
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add/Mod:
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.67(3)(c), 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. 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**

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

—

### Quantitative Studies

*Attachment*  
*99557*  
ELI B. FINE, C.P.A., P.C.

5 WEST MAIN STREET SUITE 103  
ELMSFORD, NEW YORK 10523  
PHONE 914-347-3759  
FAX 914-347-0152

September 10, 2002

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: **Panoramic Rocks, LLC**  
**#L00000000844**

Gentlemen:

This is in response to your letter dated August 22, 2002, concerning the above named taxpayer.

As you know, the 2002 Uniform Business Report was filed on August 16, 2002 with a check for \$50.00. The form was stamped FEIN "Applied For".

This corporation is considered a Disregarded Entity and therefore, please be advised that the managing partner's Federal identification number has been submitted on the form enclosed.

If you should have any questions, please direct your reply to my office at the above address.

Very truly yours,

ELI B. FINE, CPA PC

*Eli B Fine*  
Eli B. Fine, CPA

EBF/jk