

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90080 018 \*\*\*\*\*50.00

**DOCUMENT # L00000001599**

1. Entity Name

CVX, L.L.C.

Principal Place of Business

3001 NW 49TH STREET  
 STE 304  
 LAUDERDALE LAKES FL 33313

Mailing Address

3001 NW 49TH STREET  
 STE 304  
 LAUDERDALE LAKES FL 33313

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

65-1032539

Applied For

Not Applicable

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

GREEN, MITCHELL F  
 4000 HOLLYWOOD BLVD., STE 485 SOUTH  
 HOLLYWOOD FL 33021

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**BREZING, RICHARD MD**  
**7721 SALEM LANE**  
**PARKLAND FL 33067** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**Richard Brezing MD** ☒ Change ☐ Addition  
**3001 NW 49th Avenue**  
**Lauderdale Lakes FL 33313**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**ROBERTS, HAROLD MD**  
**3001 NW 49TH ST., #304**  
**LAUDERDALE LAKES FL 33313** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**HERSKOWITZ, KENNETH MD**  
**2507 DEL MAR AVENUE**  
**FT. LAUDERDALE FL 33301** ☒ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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]*  
**REQUIRED**

*1/25/02*

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

Date

Daytime Phone #

CR2E083 (9/01)