

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001686

1. Entity Name

BESATISFIED.COM LLC

Principal Place of Business

1700 UNIVERSITY DRIVE
SUITE 215
CORAL SPRINGS FL 33071

Mailing Address

1700 UNIVERSITY DRIVE
SUITE 215
CORAL SPRINGS FL 33071

2. Principal Place of Business

7000 W. PALMETTO PARK RD

3. Mailing Address

7000 W. PALMETTO PARK RD

Suite, Apt. #, etc.

108

Suite, Apt. #, etc.

108

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33433

Country

USA

Zip

33433

Country

USA

6. Name and Address of Current Registered Agent

SCHIMMEL, JOSEPH BARRY ESQ.
9400 SOUTH DADELAND BLVD.
SUITE 600
MIAMI FL 33156

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.

SIGNATURE

Signature, typed or printed name of registered agent and the 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

TITLE NAME ☐ Delete

PRES.
OTTO FREUNEL
2840 NE 14TH ST 102C
Pompano Beach, FL 33062

TITLE NAME ☐ Delete

VP
ERIC LIPSON
9090 NW 53RD AVE
CORAL SPRINGS, FL 33067

TITLE NAME ☐ Delete

SAC/RES.
RONALD TEBLUM
10635 NW 66TH CRT
PARKLAND, FL 33076

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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 119.07(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 #

FILED

01 MAR -1 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E083 (11/00)

561-869-2000

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