

2001 UNIFORM BUSINESS REPORT (UBR)

0012373 AF

DOCUMENT # L00000001771

1. Entity Name
CONRAD HOLDINGS, L.L.C.

FILED

01 MAR 16 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1126 SOUTH FEDERAL HWY
SUITE 259
FT LAUDERDALE FL 33316

Mailing Address
~~1126 SOUTH FEDERAL HWY~~
~~SUITE 259~~
~~FT LAUDERDALE FL 33316~~

2. Principal Place of Business

3. Mailing Address
1130 Hightower Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Atlanta, GA

4. FEI Number

58-2551061

Applied For

Not Applicable

Zip

Country

Zip

30350

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CONRAD, EDWARD C
1700 SE 9TH STREET
FT LAUDERDALE FL 33316

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 title 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
STREET ADDRESS
CITY-ST-ZIP
EDWARD C. CONRAD
1700 S.E. 9th St.
Ft LAUDERDALE, FL 33316 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING MEMBER
EDWARD C. CONRAD
1700 S.E. 9th St
Ft Lauderdale, FL 33316 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEMBER
EDWARD C. CONRAD
1700 S.E. 9th St
Ft Lauderdale, FL 33316 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
SHERYL HESS
1130 Hightower Trail
Atlanta GA 30350 ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200003911632-0
-03/27/01--01038--003
*****50.00 *****50.00 ☐ 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:

SHERYL HESS as Secretary

3-12-01

770-998-9800

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

Date

Daytime Phone #

CR2E083 (11/00)