

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 26, 2002 8:00 am**  
**Secretary of State**

09-26-2002 90101 039 \*\*\*\*50.00

**DOCUMENT # L00000002202**

1. Entity Name

IRWIN, HUGHES, LANDAU, L.L.C.

Principal Place of Business

Mailing Address

7280 WEST PALMETTO PARK RD.  
 STE 307N  
 BOCA RATON FL 33433

7280 WEST PALMETTO PARK RD.  
 STE 307N  
 BOCA RATON FL 33433

2. Principal Place of Business

3. Mailing Address

902 Clint Moore Rd  
 Suite, Apt. #, etc. 144

902 Clint Moore Rd  
 Suite, Apt. #, etc. 144

City & State

City & State

Boca Raton FL

Boca Raton FL

Zip 33487 Country USA

Zip 33487 Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

APPLIED FOR 05-0982784

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

LANDAU, DOUGLAS  
 7280 WEST PALMETTO PARK ROAD, STE 307N  
 BOCA RATON FL 33433

Name

Landau, Douglas

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

902 Clint Moore Rd Suite 144

City

Boca Raton

FL

Zip Code

33487-2846

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

7/22/02

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State**

**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PART IRWIN, THOMAS 7280 WEST PALMETTO PARK RD. BOCA RATON FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PART HUGHES, JOSEPH 7280 WEST PALMETTO PARK RD. BOCA RATON FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Partner Douglas Landau 902 Clint Moore Rd Boca Raton FL 33487	<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	902 Clint Moore Rd Boca Raton FL 33487	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	902 Clint Moore Rd Boca Raton FL 33487	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" 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:

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

7/22/02

Date

Daytime Phone #

CR2E083 (4/02)