

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2002 8:00 am**  
**Secretary of State**

07-24-2002 90138 031 \*\*\*\*50.00

**DOCUMENT # L00000002675**

1. Entity Name

**PEMBROKE PALMS CONSTRUCTION, LLC**

Principal Place of Business

**269 N. UNIVERSITY DR., SUITE R  
 PEMBROKE PINES FL 33021**

Mailing Address

**269 N. UNIVERSITY DR., SUITE R  
 PEMBROKE PINES FL 33021**

**970957**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1455 Martinique Court**

3. Mailing Address

**1455 Martinique Court**

Suite, Apt. #, etc.

**#6508**

Suite, Apt. #, etc.

**#6508**

City & State

**Weston, Florida**

City & State

**Weston, Florida**

Zip

**33326**

Country

**USA**

Zip

**33326**

Country

**USA**

4. FEI Number

**APPLIED FOR**

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

**PEREZ, RICARDO**

**• 269 N. UNIVERSITY DR., STE. B  
 PEMBROKE PINES FL 33021**

Name

**Ricardo Perez**

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

**1455 Martinique Court #6508**

City

**Weston, FL**

**FL**

Zip Code

**33326**

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

**July 22, 2002**

**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 **P** ☐ Delete  
 NAME **PEREZ, RICARDO**  
 STREET ADDRESS **269 N. UNIVERSITY DR., STE. B**  
 CITY-ST-ZIP **PEMBROKE PINES FL 33021**

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

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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 119.07(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**

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

Date

Daytime Phone #

**July 22, 2002**

CR2E083 (4/02)