

2001 UNIFORM BUSINESS REPORT (UBR)

6102100

DOCUMENT # L00000002958

1. Entity Name
COEROE ENTERPRISES, L.L.C.

FILED

01 JAN 29 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1600 S.E. 15TH STREET
APT. 410
FT. LAUDERDALE FL 33316

Mailing Address
1600 S.E. 15TH STREET
APT. 410
FT. LAUDERDALE FL 33316

2. Principal Place of Business
500 EAST BROWARD BLVD.
Suite Apt. #, etc.
1620

3. Mailing Address
500 EAST BROWARD BLVD.
Suite Apt. #, etc.
1620

City & State
FORT LAUDERDALE, FLORIDA

City & State
FT. LAUD., FL

Zip
33394

Country
U.S.A.

Zip
33394

Country
U.S.A.

4. FEI Number
65-0995487

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
TRIPP, HEATHER S ESQ.
110 S.E. 6TH STREET 15TH FLOOR
FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent
Name
Heather S. Tripp, Esq.
Street Address (P.O. Box Number is Not Acceptable)
100 NE THIRD AVE
Suite 1100
City
Fort Laud
FL
Zip Code
33301

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 *Heather S. Tripp* DATE 1/12/01

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

900003623839--3
-02/02/01--01016--018
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY / TREASURER SCOTT ROE 500 E. BROWARD BLVD. SUITE 1620 FT. LAUD., FL 33394	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MARK COE 500 E. BROWARD BLVD. SUITE 1620 FT. LAUD., FL 33394	<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		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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
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: *Scott Roe* REQUIRED DATE 01/12/01

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

Daytime Phone #

CR2E083 (11/00)