

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002988

1. Entity Name

THE VELVET SWING, LLC

FILED

01 SEP 17 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

320 S.E. 9TH STREET
FT. LAUDERDALE FL 33316

Mailing Address

320 S.E. 9TH STREET
FT. LAUDERDALE FL 33316

2. Principal Place of Business

3901 NW 77th Ave.

3. Mailing Address

1001 N. US Highway One

Suite, Apt. #, etc.

#A

Suite, Apt. #, etc.

409

City & State

Miami, FL

City & State

Jupiter, FL

4. FEI Number

65-1004428

Applied For

Not Applicable

Zip

33166

Country

Dade

Zip

33477

Country

Palm Beach

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GEISSER, MARSHALL
320 S.E. 9TH STREET
FT. LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name
Thomas G. Bongard

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

1001 N. US Highway One

Suite 409

City

Jupiter

FL

Zip Code
33477

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

Thomas G. Bongard

Thomas G. Bongard, Manager

9/11/01

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

400004612164--2
-09/26/01--01036--023
*****55.00 *****55.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Thomas G. Bongard
1001 N. US Hwy. One Ste. 409
Jupiter, FL 33477

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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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)(f), 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

Thomas G. Bongard

Thomas G. Bongard, Manager

9/11/01

561-575-3500

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

Date

Daytime Phone #

STAPLE CHECK HERE

CR2E083 (5/01)

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