

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003038

1. Entity Name

HEAVENLY REALTY GROUP, L.L.C.

Principal Place of Business

1401 VISCAYA PARKWAY UNIT #4  
CAPE CORAL FL 33990

Mailing Address

1401 VISCAYA PARKWAY UNIT #4  
CAPE CORAL FL 33990

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0992276

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

SABO, MICHAEL S  
918A S.E. 9TH LANE  
CAPE CORAL FL 33990

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

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
NAME *PRESIDENT*  
STREET ADDRESS *MICHAEL SABO*  
CITY-ST-ZIP *921 SE 4 ST*  
*CAPE CORAL FL 33990*

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

TITLE ☐ Delete  
NAME *V. PRESIDENT*  
STREET ADDRESS *MARTHA SABO*  
CITY-ST-ZIP *921 SE 4 ST*  
*CAPE CORAL FL 33990*

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*900004419309--3*  
*-06/14/01--01023--019*  
*\*\*\*\*\*50.00 \*\*\*\*\*50.00*

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition  
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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: *Michael Sabo* *MICHAEL SABO* 4/30/01 941-574-3344  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

APPROVAL  
AND  
FILED

01 MAY 18 PM 3:34

SECRETARY OF STATE  
FLORIDA



DO NOT WRITE IN THIS SPACE

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