

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000003565**

1. Entity Name

374 EAST PALMETTO, LC



04-28-2003 91000 049 *****50:00

03 JUL 16 AM 10:12

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1590 NW 10 Ave.

3. Mailing Address

1590 NW 10 Ave.

Suite, Apt. #, etc.

SUITE 301

Suite, Apt. #, etc.

SUITE 301

DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. FEI Number

52-2227889

Applied For

Not Applicable

Zip

33486

Country

US

Zip

33486

Country

US

5. Certificate of Status Desired

☐

\$5.00 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name

Jose DELACRUZ

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

1590 NW 10 Ave.

SUITE 301

City

BOCA RATON

FL

Zip Code

33486

**DO NOT WRITE
IN THIS SPACE**

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

Jose Delacruz

7-1-03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
JOSE R. DELACRUZ
21651 FALL RIVER DRIVE
BOCA RATON, FL 33428**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BARBARA DELACRUZ
21651 FALL RIVER DRIVE
BOCA RATON, FL 33428**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE:

Jose Delacruz **Jose DELACRUZ**

4-22-03

483-2587

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

Date

Daytime Phone #

CF2E083B (12/02)