

2001 UNIFORM BUSINESS REPORT (UBR)

001560 AF

DOCUMENT # L00000003727

1. Entity Name
PAVLIK DESIGN TEAM - ARCHITECTURE, L.L.C.

Principal Place of Business
1301 EAST BROWARD BLVD.
FT. LAUDERDALE FL 33301

Mailing Address
1301 EAST BROWARD BLVD.
FT. LAUDERDALE FL 33301

FILED

01 MAR -8 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0995517

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DAVIS, JAMES B
~~BERGER DAVIS & SINGERMAN~~
~~350 EAST LAS OLAS BLVD. SUITE 1000~~
~~FT. LAUDERDALE FL 33301~~

Name

Street Address (P.O. Box Number is Not Acceptable)
500 E. BROWARD BLVD., #1400

City

FORT LAUDERDALE

FL

Zip Code
33394

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
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER SVEN T. PAVLIK, SVEN T.
1301 E. BROWARD BLVD.
FORT LAUDERDALE, FL 33301 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER PERRODIN, GERALD TODD
1301 E. BROWARD BLVD.
FORT LAUDERDALE, FL 33301 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
8000003891398--6
-03/21/01--01111--025
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

SVEN T. PAVLIK, MANAGER

Date

Daytime Phone #

954-523-3300

CR2E083 (11/00)