FILED

DRONALD PAVIL 1-14-02-523-3300

## 2002 UNIFORM BUSINESS REPORT (UBR)

indicated on this report is true and limited liability company or the

SIGNATURE

urate and that my signature

TYPED OR PAINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

## Jan 23, 2002 8:00 am DOCUMENT # L0000003727 Secretary of State 01-23-2002 90052 023 \*\*\*\*50.00 PAVLIK DESIGN TEAM - ARCHITECTURE, L.L.C. Mailing Address Principal Place of Business 1301 EAST BROWARD BLVD. 1301 EAST BROWARD BLVD. ЯИОТТ FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0995517 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAVIS, JAMES B Street Address (P.O. Box Number is Not Acceptable) 500 E BROWARD BLVD., #1400 FT. LAUDERDALE FL 33394 City Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. ☐ Addition MGR ☐ Change Delete TITLE NAME PAVLIK, SVEN T NAME STREET ADDRESS STREET ADDRESS 1301 E BROWRD BLVD CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33301 ☐ Addition TITLE ☐ Delete TITLE Change NAME PERRODIN, GERALD TODD NAME STREET ADDRESS STREET ADDRESS 1301 E BROWRD BLVD CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33301 Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information are the same legal effect as if made under oath; that I am a managing member or manager of the his report is required by Chapter 608, Florida Statutes. ed with this filing does not availy 11. I hereby certify that the information