

2001 UNIFORM BUSINESS REPORT (UBR)

0016314 AF

DOCUMENT # L00000004429

1. Entity Name
THE CATHY & SARAH FISHER, LLC

FILED

01 FEB 23 AM 10:49

Principal Place of Business
7092 QUEENFERRY CIRCLE
BOCA RATON FL 33496

Mailing Address
7092 QUEENFERRY CIRCLE
BOCA RATON FL 33496

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHWARTZ, HOWARD L
1801 S. FEDERAL HWY., SUITE 245B
DELRAY BEACH FL 33483

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

7092 QUEENFERRY CIRCLE
City BOCA RATON FL Zip Code 33496

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 *Frederic Van Dyck Fisher* - FREDERIC VAN DYCK FISHER
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

2/21/01
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MGR
FISHER, CAROLINA S
STREET ADDRESS 7092 QUEENFERRY CIRCLE
CITY-ST-ZIP BOCA RATON FL 33496

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

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
300003768143-1
-02/26/01--01121--001
*****55.00 *****55.00

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Change ☐ Addition
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: *Carolina S. Fisher* CAROLINA S. FISHER 2/21/01 (561) 883-2197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)