

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005286

1. Entity Name

R & R BUSINESS ASSOCIATES, L.L.C.

FILED

01 MAR 30 PM 3:13

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

3440 Hollywood Blvd  
Suite 360  
Hollywood, FL 33021

SAME

2. Principal Place of Business

3440 Hollywood Blvd

3. Mailing Address

3440 Hollywood Blvd

Suite, Apt. #, etc.

360

Suite, Apt. #, etc.

360

City & State

Hollywood, FL

City & State

Hollywood, FL

4. FEI Number

65-0924761

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROTH, LEONARDO A ESQ

7. Name and Address of New Registered Agent

Name: ROTH, LEONARDO A ESQ

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

3440 Hollywood Blvd

Suite 360

City: Hollywood

FL

Zip Code: 33021

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

TITLE: MGRM  
NAME: ROTH, LEONARDO A ESQ  
STREET ADDRESS: PH2 9350 S DIXIE HWY  
CITY-ST-ZIP: MIAMI FL 33156

TITLE: MGRM  
NAME: ROUSSO, MARK E ESQ  
STREET ADDRESS: PH 3A.2875 NE 191 ST  
CITY-ST-ZIP: AVENTURA FL 33180

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:

10. ADDITIONS/CHANGES

TITLE: MGRM  
NAME: ROTH, LEONARDO A. ESQ  
STREET ADDRESS: 3440 HOLLYWOOD BLVD, SUITE 360  
CITY-ST-ZIP: HOLLYWOOD, FL 33021

TITLE: MGRM  
NAME: ROUSSO, MARK E. ESQ.  
STREET ADDRESS: 3440 HOLLYWOOD BLVD, SUITE 360  
CITY-ST-ZIP: HOLLYWOOD, FL 33021

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:

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

Date

Daytime Phone #

CR2E083 (11/00)