

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 22, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90001 043 \*\*\*\*50.00  
 08-22-2002 90003 021 \*\*\*\*50.00

**DOCUMENT # L00000005979**

1. Entity Name  
**SAVE-IN, L.L.C.**

Principal Place of Business

**8 TWIN LAKES DRIVE  
 MANALAPAN NJ 07726**

Mailing Address

**C/O ROBERT LUBIN, CPA  
 3603 QUENTIN RD., FL 2  
 BROOKLYN NY 11234-4203**

**970124**

2. Principal Place of Business

**3743 OAK RIDGE CT**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Weston Florida**

City & State

4. FEI Number **58-2561832**

Applied For

Not Applicable

Zip

**33331**

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

Name

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

City

**FL**

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
 NAME **M**  
 STREET ADDRESS **FUEGUEL, NORBERTO**  
 CITY-ST-ZIP **8 TWIN LAKES DRIVE  
 MANALAPAN NJ 07726**

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

TITLE ☐ Delete  
 NAME **M**  
 STREET ADDRESS **FUEGUEL, ROSALINDA**  
 CITY-ST-ZIP **8 TWIN LAKES DRIVE  
 MANALAPAN NJ 07726**

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

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ 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: SIGNATURE REQUIRED**

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

Date

Daytime Phone #

**08/19/02**

CR2E083 (4/02)