

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90013 017 \*\*\*\*50.00

**DOCUMENT # L00000006073**

1. Entity Name

**BROADWAY A-Z LLC**



Principal Place of Business

**345 DARTMOUTH DR  
LAKE WORTH FL 33460**

Mailing Address

**345 DARTMOUTH DR  
LAKE WORTH FL 33460**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BERKES, STEVE  
345 DARTMOUTH DR  
LAKE WORTH FL 33460**

7. Name and Address of New Registered Agent

Name **Dermot P. Mac Mahon**  
Street Address (P.O. Box Number is Not Acceptable) **1860 Forest Hill Blvd**  
**Suite 105**  
City **West Palm Beach** **FL** Zip Code **33406**

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/7/03**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **ARQYALFI, ZOLTAN**  
STREET ADDRESS **345 DARTMOUTH DR.**  
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE  
NAME **LAST NAME**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **SPELI**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **ANGYALFI,**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **ZOLTAN**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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]*

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

Date

Daytime Phone #

**04/08/03 561/9638220**

CR2E083 (10/02)

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