

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90343 001 \*\*\*250.00

**DOCUMENT # L00000006345**

1. Entity Name

**BETA EPSILON/CADILLAC, L.L.C.**

Principal Place of Business

**C/O ATLANTIA HOLDINGS  
 910 SE 17TH STREET, 3RD FLOOR  
 FORT LAUDERDALE FL 33316**

Mailing Address

**C/O ATLANTIA HOLDINGS  
 910 SE 17TH STREET, 3RD FLOOR  
 FORT LAUDERDALE FL 33316**

2. Principal Place of Business

**4305 N.W. 24th Way**

Suite, Apt. #, etc.

3. Mailing Address

**4305 N.W. 24th Way**

Suite, Apt. #, etc.

City & State

**Boca Raton, Florida**

Zip  
**33431**

Country  
**USA**

City & State

**Boca Raton, Florida**

Zip  
**33431**

Country  
**USA**

4. FEI Number

**65-1020016**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**BLACKBURN, ACE J JR.  
 COONEY, MATTSON, LANCE, BLACKBURN ET AL.  
 2312 WILTON DRIVE  
 FORT LAUDERDALE FL 33305**

7. Name and Address of New Registered Agent

Name  
**Linda O. MacLaren**

Street Address (P.O. Box Number is Not Acceptable)  
**798 So. Federal Hwy., Suite 100**

City  
**Boca Raton**

**FL**

Zip Code  
**33432**

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 *Linda O. MacLaren*

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

(NOTE: Registered Agent signature required when reinstating)

*7/5/02*  
 DATE

*Linda O. MacLaren*

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE  
**MGRM** ☐ Delete  
 NAME  
**ECONOMOS, NICHOLAS**  
 STREET ADDRESS  
**4305 NW 24TH WAY**  
 CITY-ST-ZIP  
**BOCA RATON FL 33431**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 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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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*4/19/02 561-395-1000*

0013675

CR2E083 (9/01)