

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

0009457

DOCUMENT # L00000006885

1. Entity Name

THREE RIVER RESERVE, L.L.C.

02-06-2002 90001 036 *****50.00

Principal Place of Business

**3550 BISCAYNE BLVD., #310
 MIAMI FL 33137**

Mailing Address

**3550 BISCAYNE BLVD., #310
 MIAMI FL 33137**

2. Principal Place of Business

3350 NW 2 Ave

3. Mailing Address

3350 NW 2 Ave

Suite, Apt. #, etc.

#A-38

Suite, Apt. #, etc.

#A-38

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

33431

Country

USA

Zip

33431

Country

USA

4. FEI Number

65-1007016

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MAENZA, JOSEPH
 3550 BISCAYNE BLVD., #310
 MIAMI FL 33137**

7. Name and Address of New Registered Agent

Name **Jeffrey Galpern**

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

3350 NW 2 Ave #A-38

City

Boca Raton

FL

Zip Code

33431

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

Jeffrey Galpern

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

(NOTE: Registered Agent signature required when reinstating)

1/27/02

DATE

**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 **MAENZA, JOSEPH**
 STREET ADDRESS **3550 BISCAYNE BLVD., #310**
 CITY-ST-ZIP **MIAMI FL 33137**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
 NAME **Jeffrey Galpern**
 STREET ADDRESS **3350 NW 2 Ave #A-38**
 CITY-ST-ZIP **Boca Raton FL 33431**

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

TITLE ☐ Change ☐ Addition
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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:

Jeffrey Galpern **SIGNATURE REQUIRED**

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

1/27/02

Date

(561)620-9761

Daytime Phone #

CP2E083 (9/01)