## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCU	IMENT # L0000	0007323		,	<del>'</del> —					ý.
1. Entity Nar					FILED				Ġ	
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Principal Place of Puninces					01	JUL 19 AM 8:4	7			
Principal Place of Business Mailing Address 580 VILLAGE BOULEVARD. SUITE 150 580 VILLAGE BOULEVARD.				150	SECE	ETARY OF STATE	•			
WEST PALM BEACH FL 33409 WEST PALM BEACH FL 334			3409	109		AHASSEE, FLORID	A			
Principal Place of Business     3. Mailing Address							lli andi haid anil anil 1			
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State				Number 5- /0/7985		-	oplied For ot Applicable	]
Zip Country		Zip Coun		try		5. Certificate of Status Desired S5.00 Add Fee Required			ditional	1
	- 6. Name and Address of Current I	legistered Agent			_ 7. Nam	e and Address of New R				
MCCABE	, TIMOTHY			Name	TIM	10thy me (	Pase			
2135 SOUTH CONGRESS AVENUE, SUITE 3-C				Street Add	dress (P.O. Box I	Number is Not Acceptable	)			1
WEST PALM BEACH FL 33406				7	580 VII	lage Blud	Suite	150	2	1
			ŀ			ainc Beach	FL	Zip Code	, , , ,	1
8. The above	e named entity submits this statement for	the purpose of changing its re	egistere				rida.	7027	404	1
0.0.0.	/////	W III					c.	1.02/.	$\alpha$ 1	
SIGNATURE	Signature, typed or printed name of registered agent at	nd title if applicable. (NOTE:	Registered	Agent signature	required when reinsta		DATE		<u></u>	
	• · • • • • • • • • • • • • • • • • • •			FEE IS \$5		500004+ -07/24/	#9331 1010104	J <b>'&gt;-</b> 08	<del></del>	
-		Make Check Pay	able to	Departm	ent of State		; <u>0.00</u> **			
9.	MANAGING MEMBE	· · · · · · · · · · · · · · · · · · ·	10.			ADDITIONS /	I CHANGES			_
TITLE NAME	TIMOTHY MC CABE I		TITLE NAME	ŀ				Change	☐ Addition	1/00
STREET ADDRESS	DI35 S. Congress Ave #30 West Pain Block FL 33404			T ADDRESS						□ Addition   CASE   CA
CITY-ST-ZIP	West MITE BLUCK	MUNASON.	CITY-	ST-ZIP						
TITLE NAME	STEVEN SAMILTAN, NADASOP Delete				CHEOVE BERDY				☐ Addition	2
STREET ADDRESS CITY-ST-ZIP	WIST PAIN BLOCK FL 33404			STREET ADDRESS  OITY-ST-ZIP  OTTY-ST-ZIP				757)		
TITLE	- CARLOS MEGIAS M	14140880 Delete	TITLE	<del></del>	MEST M	ACIK DCHETH		Change	Addition	1
NAME STREET ADDRESS	JUST S. CONTRUSS A	we #3C	NAME			The state of the s	}		- 1	- 3
CITY-ST-ZIP	West Pain Black	FL 33406		T ADDRESS ST-ZIP						
TITLE	CHERYL BERRY, M	AN ASER Delete	TITLE			•		Change	Addition	1
NAME STREET ADDRESS	580 VIllage Bivo	# 150	NAME STREE	T ADDRESS						
CITY-ST-ZIP	WEST PALM BE	90H FL 33409	CITY-	ST-ZIP						
TITLE NAME		☐ Delete	TITLE NAME					Change	☐ Addition	
STREET ADDRESS			STREE	T ADDRESS			i I			
CITY-ST-ZIP		Пъ	1-	ST-ZIP			<u> </u>	Oh		
TITLE :		☐ Delete	TITLE NAME				, LJ	Change	☐ Addition	
STREET APDRESS			STREE CITY-S	T ADDRESS						
11. I hereby o	certify that the information supplied with t	his filing does not qualify for the	he exem	notion stated	in Section 119.	07(3)(i), Florida Statutes 1	further certify th	at the in	formation	
indicated limited lia	on this report is true and accurate and t bility company or the receiver or trustee	nat my signature shall have the	e same port as	legal effect required by	as if made unde Chapter 608, Flo	r oath; that I am a manag orida Statutes.	ng member or r	nanager	of the	1

621.01

541.969.3344