

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

0013460

**DOCUMENT # L00000007341**

1. Entity Name

**S&S DOWNTOWN, L.L.C.**

04-02-2002 90959 005 \*\*\*\*50.00

Principal Place of Business

**407 SE 9TH STREET  
 SUITE 101  
 FT LAUDERDALE FL 33316**

Mailing Address

**407 SE 9TH STREET  
 SUITE 101  
 FT LAUDERDALE FL 33316**

2. Principal Place of Business

**500 SE 15 Street #108**

3. Mailing Address

**500 SE 15 Street #108**

Suite, Apt. #, etc.

**108**

Suite, Apt. #, etc.

**108**

City & State

**Ft. Lauderdale, FL**

City & State

**Ft. Lauderdale, FL**

Zip

**33316**

Country

**USA**

Zip

**33316**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**SHARPE, ORLANDO ESQ  
 407 SE 9TH STREET  
 FT. LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent

Name

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

**500 SE 15 Street, #108**

City

**Fort Lauderdale**

**FL**

Zip Code

**33316**

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

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 May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete

**P  
 SHARPE, ORLANDO  
 407 SE 9TH ST., STE 101  
 FT LAUDERDALE FL**

TITLE NAME ☐ Delete

**V  
 SCHOPP, DAVID  
 407 SE 9TH ST., STE 101  
 FT LAUDERDALE FL**

TITLE NAME ☐ Delete

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10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition

**500 SE 15 Street, #108  
 Ft. Lauderdale, FL 33316**

TITLE NAME ☒ Change ☐ Addition

**500 SE 15 Street, #108  
 Ft. Lauderdale, FL 33316**

TITLE NAME ☐ 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:**

**SIGNATURE OF ORLANDO**

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

Date

Daytime Phone #

CR2E083 (9/01)