## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Mailing Address

## DOCUMENT # L0000007684

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

SELF CATERING USA, LLC

Principal Place of Business



2300 CORPORATE BOULEVARD NORTHWEST 2300 CORPORATE BOULEVARD NORTHWEST SUITE 214 SUITE 214 **BOCA RATON FL 33431 BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-1098756 Applied For Not Applicable Zip \_ Country\_ Zìp Country \$5.00 Additional 5. Certificate of Status Desired \_\_\_\_ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KLEIN, JEFFREY Street Address (P.O. Box Number is Not Acceptable) 980 N. FEDERAL HIGHWAY, STE. 406 **BOCA RATON FL 33432** City Zip Code Fi 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, 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 Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM ☐ Addition TITLE ☐ Delete TITLE Change SELF CATERING USA HOLDINGS, INC. NAME NAME STREET ADDRESS 2300 CORPORATE BOULEVARD NORTHWEST, #214 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33434** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITI F TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP TITLE □ Delete TITLE

NAME

TITLE

NAME

☐ Delete

STREET ADDRESS

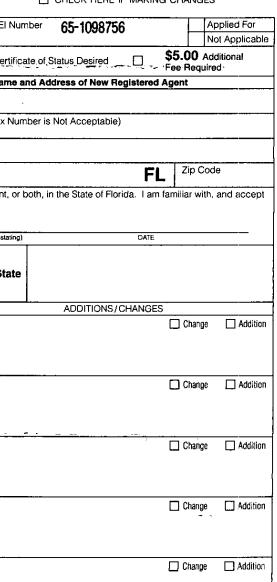
STREET ADDRESS

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 of trustee impowered to execute his report as required by Chapter 608, Florida Statutes,

CITY-ST-ZIP

FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90112 007 \*\*\*\*50.00



☐ Addition

☐ Change

561-988-4000