

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90236 037 ****50.00

DOCUMENT # L00000007953

1. Entity Name

SIMON & DOUGLAS DEVELOPMENT, L.C.



Principal Place of Business

2500 WESTON ROAD, SUITE 105

FORT LAUDERDALE FL 33327

WESTON 33331

Mailing Address

2500 WESTON ROAD, SUITE 105

FORT LAUDERDALE FL 33327

WESTON 33331

2. Principal Place of Business

2500 WESTON ROAD

Suite, Apt. #, etc.

SUITE 105

City & State
WESTON, FLORIDA

Zip
33331

Country

USA

3. Mailing Address

2500 WESTON ROAD

Suite, Apt. #, etc.

SUITE 105

City & State
WESTON, FLORIDA

Zip
33331

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1026717**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEFELER, GEORGE ESQ.

80 SOUTHWEST 8TH STREET, SUITE 3100

MIAMI FL 33130

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SIMON, LEONARDO
3065 NE 208TH TERR.
AVENTURA FL 33180

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BRICE, DOUGLAS
2535 ROYAL PALM WAY
WESTON FL 33327

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

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CR2E083 (10/02)

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 REQUIRED

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

D1-13-D3

954-349 4751

Date

Daytime Phone #