

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008021

1. Entity Name  
RNV ENTERPRISES, LLC

FILED

01 JAN 29 PM 2:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
4100 NE 25TH AVENUE  
LIGHTHOUSE POINT FL 33064

Mailing Address  
4100 NE 25TH AVENUE  
LIGHTHOUSE POINT FL 33064

*Charge*

2. Principal Place of Business

3. Mailing Address

3471 N. Federal Hwy

Suite, Apt. #, etc.

#202

City & State  
FT. LAUD, FL

4. FEI Number  
65-1024469

Applied For  
Not Applicable

DO NOT WRITE IN THIS SPACE

Zip  
33306

Country  
BROWARD

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROGERS, JACK F  
4100 NE 25TH AVENUE  
LIGHTHOUSE POINT FL 33064

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.

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**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
ROGERS, JACK F  
4100 NE 25TH AVENUE  
LIGHTHOUSE POINT FL 33064 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
VLCKO, VLADIMIR J  
2303 NE 35TH DRIVE  
FORT LAUDERDALE FL 33308 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
700003624017-7-7  
-02/02/01--01027--024  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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☐ Delete

TITLE  
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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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Jack F. Rogers*

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

Date

Daytime Phone #

*Managing Partner 1/11/01 (934) 630-0311*

CR2E083 (11/00)