

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008924

1. Entity Name

HOLLYWOOD GARDENS CONSTRUCTION, LLC

FILED
Jul 25, 2002 8:00 am
Secretary of State

07-25-2002 90128 001 ****50.00

971350



DO NOT WRITE IN THIS SPACE

Principal Place of Business

269 N. UNIVERSITY DR., STE. B00
PEMBROKE PINES FL 33021

Mailing Address

269 N. UNIVERSITY DR., STE. B00
PEMBROKE PINES FL 33021

2. Principal Place of Business

1455 Martinique Court

3. Mailing Address

1455 Martinique Court

Suite, Apt. #, etc.

#6508

Suite, Apt. #, etc.

#6508

City & State

Weston, FL 33326

City & State

Weston, FL

Zip

33326

Country

USA

Zip

33326

Country

USA

4. FEI Number 65-1052958

Applied For

Not Applicable

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

PEREZ, RICARDO

269 N. UNIVERSITY DR., STE. B00
PEMBROKE PINES FL 33021

Name

Ricardo Perez

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

1455 Martinique Court #6508

City

Weston, Florida

FL

Zip Code

33326

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

July 22, 2002

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
PEREZ, RICARDO
269 N. UNIVERSITY DR., STE. B00
PEMBROKE PINES FL 33021 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

July 22, 2002 (954) 385-5466

Date

Daytime Phone #

CR2E083 (4/02)