

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008964

1. Entity Name

MARY LOU APARTMENTS, L.L.C.

FILED
Aug 11, 2002 8:00 am
Secretary of State

08-11-2002 90170 009 ****50.00

Principal Place of Business

217 N. 19TH AVE.
SUITE 4
HOLLYWOOD FL 33020

Mailing Address

217 N. 19TH AVE.
SUITE 4
HOLLYWOOD FL 33020

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

UNIT # 6

Suite, Apt. #, etc.

#1805

City & State

City & State

Hollywood FL

4. FEI Number

APPLIED FOR

59-623 7268

Applied For

Not Applicable

Zip

Country

USA

Zip

33020

Country

USA

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

BUTLER, MARK F
1720 HARRISON ST.
SUITE 60W
HOLLYWOOD FL 33020

Name

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

1805

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]

MARK F. BUTLER

7-9-02

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 September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
BUTLER, MARK F
1720 HARRISON ST. SUITE 60W
HOLLYWOOD FL 33020

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

#1805

☒ Change ☐ Addition

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

MARK F. BUTLER

7-9-02 954921-2001

Date

Daytime Phone #

0006101

CR2E083 (4/02)