

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 MAY -3 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000009236

1. Entity Name
SUPERHEAT DESIGN, L.C.

Principal Place of Business

7119 W. BROWARD BLVD.
PLANTATION FL 33317

Mailing Address

7119 W. BROWARD BLVD.
PLANTATION FL 33317

2. Principal Place of Business

1580 NW 128th Dr.

Suite, Apt. #, etc.

310

City & State

SUNRISE, FL

Zip

33323

Country

USA

3. Mailing Address

12717 W. SUNRISE

Suite, Apt. #, etc.

310

City & State

SUNRISE, FL

Zip

33323

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAUMAN, DAVID M
C/O BAUMAN & KANNER, P.A.
7119 W. BROWARD BLVD.
PLANTATION FL 33317

7. Name and Address of New Registered Agent

Name

ROLAND M. McLean

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

1580 NW 128th Dr.

City

SUNRISE

FL

Zip Code

33323

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

ROLAND M. McLean 4/30/2001

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

600004336866--5
-05/31/01--01094--016
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

TITLE
NAME *Manager* ROLAND M. McLean ☐ Delete
STREET ADDRESS 1580 NW 128th Dr., #310
CITY-ST-ZIP SUNRISE, FL 33323

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

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

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

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

TITLE
NAME ☐ Change ☐ Addition
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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature] OWNER

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

4/30/2001 954-838-7570

Date

Daytime Phone #

CR2E083 (11/00)