

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90205 018 ****50.00

DOCUMENT # L00000009350

1. Entity Name

BARDRAFT, LLC

Principal Place of Business

**22173 SW 65TH TERRACE
BOCA RATON FL 33428**

Mailing Address

**22173 SW 65TH TERRACE
BOCA RATON FL 33428**

960783



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1030232

Applied For

Not Applicable

Zip-

Country

Zip

Country

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

**REMILLARD, ERIC
22173 SW 65TH TERRACE
BOCA RATON FL 33428**

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
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P** ☐ Delete
NAME **REMILLARD, ERIC**
STREET ADDRESS **22173 SW 65TH TERRACE**
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **VP (VICE PRESIDENT)** ☐ Change ☒ Addition
NAME **REMILLARD, CARMEN**
STREET ADDRESS **22173 SW 65TH TERRACE**
CITY-ST-ZIP **BOCA RATON, FL - 33428**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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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:

Eric Remillard
SIGNATURE REQUIRED

4-28-02

561 558 0439

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

Date

Daytime Phone #

CR2E083 (9/01)