

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009683

1. Entity Name

STUART U.S. 2, L.L.C.

FILED

01 APR -9 AM 7:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

505 S. FLAGLER DRIVE, SUITE 1010
WEST-PALM BEACH FL-33401

505 S. FLAGLER DRIVE, SUITE 1010
WEST-PALM BEACH FL 33401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATE CREATIONS NETWORKS INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139

Name SCOTT A. JOHNSON

Street Address (P.O. Box Number is Not Acceptable)
505 South Flagler Drive
Suite 1010

City West Palm Beach

FL

Zip Code 33401

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] PROS

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 MGRM
STREET ADDRESS KOENIG, PATRICK C
CITY-ST-ZIP 505 S. FLAGLER DRIVE, SUITE 1010
WEST PALM BEACH FL 33401 ☐ Delete

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

TITLE NAME MGRM
STREET ADDRESS JOHNSON, SCOTT A
CITY-ST-ZIP 505 S. FLAGLER DRIVE, SUITE 1010
WEST PALM BEACH FL 33401 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 700004014147-8
CITY-ST-ZIP -04/17/01--01104--002
*****50.00 *****50.00

TITLE NAME MGRM
STREET ADDRESS JOHNSON, RICHARD S JR
CITY-ST-ZIP 505 S. FLAGLER DRIVE, SUITE 1010
WEST PALM BEACH FL 33401 ☐ Delete

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

TITLE NAME MGRM
STREET ADDRESS JOHNSON, RICHARD S
CITY-ST-ZIP 505 S. FLAGLER DRIVE, SUITE 1010
WEST PALM BEACH FL 33401 ☐ Delete

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
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]

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

3/29/01 361-655-7200
Date Daytime Phone #

CR2E083 (11/00)