

2001 UNIFORM BUSINESS REPORT (UBR)

0014220

DOCUMENT # L00000010162

1. Entity Name
HAVERHILL BUSINESS PARK, LLC

FILED

01 FEB 21 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
5610 PGA BLVD., SUITE 114
PALM BEACH GARDENS FL 33418

Mailing Address
5610 PGA BLVD., SUITE 114
PALM BEACH GARDENS FL 33418

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

4. FEI Number 65-1051839
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SABATELLO, CARL M
5610 PGA BLVD., SUITE 114
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent

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 CARL M. SABATELLO 1/18/01
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CARL M. SABATELLO President 5610 PGA BLVD, SUITE 114 Palm Beach Gardens, FL 33418	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Theodore P. Sabatello 5610 PGA BLVD, SUITE 114 Palm Beach Gardens, FL 33418	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Michael J. Sabatello 5610 PGA BLVD SUITE 114 Palm Beach Gardens, FL 33418	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Vice President Paul T. Sabatello 5610 PGA BLVD, SUITE 114 Palm Beach Gardens, FL 33418	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Chester Tommetti 5610 PGA BLVD, SUITE 114 Palm Beach Gardens, FL 33418	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8000003768808-4 -02/26/01--0096--00 Addition *****50.00 *****50.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 CARL M. SABATELLO 1/18/01 561-626-7602
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #

CR2E083 (11/00)