

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90014 020 *****50.00

0055591

DOCUMENT # L00000010319

1. Entity Name

CASSANDRA ENTERPRISES, LLC



Principal Place of Business

**5701 N PINE ISLAND RD
SUITE 200
TAMARAC FL 33321**

Mailing Address

**5701 N PINE ISLAND RD
SUITE 200
TAMARAC FL 33321**

2. Principal Place of Business

3. Mailing Address

P.O. Box 5459

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LIGHTHOUSE POINT FL

Zip

Country

Zip

Country

33094-5459 USA

4. FEI Number **65-0123975**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHAPIRO, HENRY J
5701 N PINE ISLAND RD
SUITE 200
TAMARAC FL 33321**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SHAPIRO, HENRY J
5701 N PINE ISLAND RD SUITE 200
TAMARAC FL 33321** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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
SHAPIRO, HENRY J

Date

Daytime Phone #

4/1/03

954-726-1300

CR2E083 (10/02)