

2/11

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90052 044 \*\*\*\*50.00

**DOCUMENT # L00000010902**

1. Entity Name

**4027 WESTON, L.L.C.**

Principal Place of Business

**1825 MAIN STREET, #201E  
WESTON FL 33326**

Mailing Address

**1825 MAIN STREET, #201E  
WESTON FL 33326**

85726/

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**APPLIED FOR**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CHARLES TAMBURELLO  
4108 SABAL RIDGE CIRCLE  
WESTON FL 33331**

7. Name and Address of New Registered Agent

Name

**Charles Tamburello** - **STEVEN W. DEUTSCH, ESQ.**

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

**7805 SW 6 Court****XXXXXXXXXXXXXXXXXXXXXXX**

City

**Weston Plantation****FL**

Zip Code

**33327****33324**

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

**Steven W. Deutsch**

(NOTE: Registered Agent signature required when reinstating)

**5-6-02**

DATE

**FILE NOW!!! FEE IS \$50.00****Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTNR TAMBURELLO, MR. CHARLES 1825 MAIN STREET, #201E WESTON FL 33326	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTNR TAMBURELLO, MRS. REGINA 1825 MAIN STREET, #201E WESTON FL 33326	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTNR Tamburello, Mr. Charles 1371 Victoria Isle Drive Weston, Florida 33327	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTNR Tamburello, Mrs. Regina 1371 Victoria Isle Drive Weston, Florida 33327	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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**

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

Date

Daytime Phone #

**1/28/01 954-217-8555**

CR2E083 (9/01)