

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90343 001 ***250.00

DOCUMENT # **L00000011053**

1. Entity Name

BE/ZEUS, L.L.C.

Principal Place of Business

**% ATLANTIA HOLDINGS
910 S.E. 17TH ST., SUITE 300
FT. LAUDERDALE FL 33316**

Mailing Address

**% ATLANTIA HOLDINGS
910 S.E. 17TH ST., SUITE 300
FT. LAUDERDALE FL 33316**

2. Principal Place of Business

4305 N.W. 24th Way
Suite, Apt. #, etc.

3. Mailing Address

4305 N.W. 24th Way
Suite, Apt. #, etc.

City & State

Boca Raton, Florida

City & State

Boca Raton, Florida

Zip

33431

Country

USA

Zip

33431

Country

USA

4. FEI Number

65-1065674

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BLACKBURN, ACE J JR.
COONEY, MATTSON, LANCE, BLACKBURN ET AL
2312 WILTON DRIVE
FORT LAUDERDALE FL 33305**

7. Name and Address of New Registered Agent

Name

Linda O. McLaren

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

798 So. Federal Hwy., Suite 100

City

Boca Raton

FL

Zip Code

33432

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

Linda O. McLaren
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/5/02
DATE

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

9. MANAGING MEMBERS / MANAGERS

TITLE **MGRM** ☐ Delete
NAME **ECONOMOS, NICHOLAS**
STREET ADDRESS **4305 N.W. 24TH WAY**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
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

4/19/02 561-395-1000
Date Daytime Phone #

CR2E083 (9/01)