

2001 UNIFORM BUSINESS REPORT (UBR)

0015983 AF

DOCUMENT # L00000012741

1. Entity Name

CDR GLADES, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR -5 PM 3:57

Principal Place of Business

1801 SOUTH FEDERAL HWY.
DELRAY BEACH FL 33483

Mailing Address

1801 SOUTH FEDERAL HWY.
DELRAY BEACH FL 33483



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2424 N FEDERAL HIGHWAY

3. Mailing Address

2424 N FEDERAL HIGHWAY

Suite, Apt. #, etc.

Suite 159

Suite, Apt. #, etc.

Suite 159

City & State

Boca Raton, FL

City & State

Boca Raton, FL

4. FEI Number

65-1047838

Applied For

Not Applicable

Zip

33431

Country

USA

Zip

33431

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MULLER, CHARLES E II

9350 S. DIXIE HWY., STE. 1550

MIAMI FL 33156

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

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

400003888674--9
-03/20/01--01087--013
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE Member, President ☐ Delete
NAME Cari DeSantis
STREET ADDRESS 2424 N Federal Highway
CITY-ST-ZIP Boca Raton, FL 33431

TITLE Member, VP, Sec. ☐ Delete
NAME Richard Weber
STREET ADDRESS 2424 N Federal Highway
CITY-ST-ZIP Boca Raton, FL 33431

TITLE Member, Treas ☐ Delete
NAME Damon DeSantis
STREET ADDRESS 2424 N Federal Highway
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

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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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:

Richard Weber
RICHARD WEBER, VP

2/20/01

561-395-7588

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

Date

Daytime Phone #

CR2E083 (11/00)