

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

0015741

DOCUMENT # L00000012741

1. Entity Name
CDR GLADES, L.L.C.

03-29-2002 90800 002 ****50.00

Principal Place of Business
**2424 N. FEDERAL HWY.
 SUITE 159
 BOCA RATON FL 33431**

Mailing Address
**2424 N. FEDERAL HWY.
 SUITE 159
 BOCA RATON FL 33431**

001010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1047838**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MULLER, CHARLES E II
 9350 S. DIXIE HWY., STE. 1550
 MIAMI FL 33156**

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**P
 DESANTIS, CARL
 2424 N. FEDERAL HWY.
 BOCA RATON FL 33431**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**T
 DESANTIS, DAMON
 2424 N. FEDERAL HWY.
 BOCA RATON FL 33431**

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TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

**VS
 WERBER, RICHARD
 2424 N. FEDERAL HWY.
 BOCA RATON FL 33431**

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 STREET ADDRESS
 CITY-ST-ZIP

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☐ 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] J.P. [illegible]

3/15/02

561-395-7588

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

Date

Daytime Phone #

CR2E083 (9/01)