

# 2001 UNIFORM BUSINESS REPORT (UBR)

0013834 AF

DOCUMENT # L00000012844

1. Entity Name

LIVELY & ALIJEWICZ, L.L.C.

Principal Place of Business

2001 PALM BEACH LAKES BLVD., STE. 208  
WEST PALM BEACH FL 33409

Mailing Address

2001 PALM BEACH LAKES BLVD., STE. 208  
WEST PALM BEACH FL 33409

2. Principal Place of Business

2001 PALM Beach Lakes Blvd

3. Mailing Address

2001 PALM Beach Lakes Blvd #208

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#208

#208

City & State

West PALM Beach, FL

City & State

West PALM Beach

Zip

Country

33409 US

Zip

Country

33409 US

4. FEI Number

65-1049666

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

CATHY L. Purvis Lively

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

2001 PALM Beach Lakes Blvd #208

City

West PALM Beach

FL

Zip Code

33409

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

9. MANAGING MEMBERS/MEMBERS

TITLE operating manager  
NAME CATHY L. Purvis Lively  
STREET ADDRESS 2001 PALM Beach Lakes Blvd #208  
CITY-ST-ZIP West PALM Beach, FL 33409

TITLE Vice-President  
NAME SARA A. Alijewicz  
STREET ADDRESS 2001 PALM Beach Lakes Blvd #208  
CITY-ST-ZIP West PALM Beach, FL 33409

TITLE Sec.  
NAME CATHY Lively  
STREET ADDRESS See above  
CITY-ST-ZIP

TITLE  
NAME SARA Alijewicz  
STREET ADDRESS See above  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date

Daytime Phone #

4/10/01 (561) 478-1774

CR2E083 (11/00)



FILED  
2001 APR 20 AM 11:21  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA