

20 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013333

1. Entity Name
LAWSUIT FINANCIAL, LLC

FILED

01 JUN -5 AM 7:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
767 SOUTH STATE ROAD 7, SUITE 20
MARGATE FL 33068

Mailing Address
767 SOUTH STATE ROAD 7, SUITE 20
MARGATE FL 33068



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
2141 North University Drive
Suite, Apt. #, etc.
215
City & State
Coral Springs, Florida
Zip Country
33071 USA

4. FEI Number
65-1054714
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
BELLO, LAWRENCE
767 SOUTH STATE ROAD 7, SUITE 20
MARGATE FL 33068

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

9. MANAGING MEMBERS/MEMBERS
TITLE NAME PRESIDENT
STREET ADDRESS LAWRENCE BELLO
CITY-ST-ZIP 2141 N. UNIVERSITY DRIVE #20
CORAL SPRINGS, FL 33071
Delete

10. ADDITIONS/CHANGES
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Delete
Change Addition
300004423079-6
-06/15/01-01089-014
*****50.00 *****50.00
Delete
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 REQUIRED
Lawrence Bello

4/16/01

954-4093892

CR2E083 (11/00)