

2002 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **L00000013333**

1. Entity Name

LAWSUIT FINANCIAL, LLC**FILED**
Jul 02, 2002 8:00 am
Secretary of State

07-02-2002 90818 003 ****50.00

0005501

Principal Place of Business

767 SOUTH STATE ROAD 7, SUITE 20
MARGATE FL 33068

Mailing Address

2141 NORTH UNIVERSITY DRIVE, #215
CORAL SPRINGS FL 33071**969741**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2141 N. UNIVERSITY DR.

Suite, Apt. #, etc.

215

City & State

CORAL SPRINGS FLORIDA

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number **65-1054714**

Applied For

Not Applicable

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

Zip

33071

Country

USA

Zip

Country

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 **LAWRENCE BELLO**

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

2141 N. UNIVERSITY DRIVE #215City **CORAL SPRINGS****FL**Zip Code **33071**

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

TITLE **P** ☐ Delete
NAME **BELLO, LAWRENCE**
STREET ADDRESS **2141 N UNIVERSITY DRIVE #25**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 LAWRENCE BELLO**4/1/02 (954) 6836781**

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

Date

Daytime Phone #

CR2E083 (9/01)