

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013478

1. Entity Name

AWARD EXCELLENCE COMPANY LLC

FILED

01 FEB -9 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3800 N 28TH WAY
HOLLYWOOD FL 33020

Mailing Address

3800 N 28TH WAY
HOLLYWOOD FL 33020

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ 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

DUBUC, MAURICE
3800 N 28TH WAY
HOLLYWOOD FL 33020

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
PATRICIA L. PARNELL
1101 HOLLYWOOD BLVD
HOLLYWOOD FLA 33019
PRESIDENT
MAURICE DUBUC
16243 CATUCA CIR
DAVIE, FL 33331

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300003709183--9
02/19/01 01032 004
*****50.00 *****50.00

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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

2/6/01 954 929-4949
Date Daytime Phone #

CR2E083 (11/00)