

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013516

1. Entity Name

1000 CONGRESS, L.L.C.

Principal Place of Business

Mailing Address

1124 COUNTRY CLUB DR
NORTH PALM BEACH FL 33408

1124 COUNTRY CLUB DR
NORTH PALM BEACH FL 33408

2. Principal Place of Business

112 Jones Creek Blvd.

3. Mailing Address

P.O. Box 1731

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jupiter, FL

City & State

Jupiter, FL

Zip
33458

Country

Zip

33458

Country

4. FEI Number

65-1099205

Applied For

Not Applicable

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

ROSENBACH, DEAN
1124 COUNTRY CLUB DR
NORTH PALM BEACH FL 33408

Name

Aldo Beltrano

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

112 Jones Creek Blvd.

City

Jupiter

FL

Zip Code

33458

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.

Aldo Beltrano, Managing Member

(NOTE: Registered Agent signature required when reinstating)

July 10, 2001

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Delete
NAME ROSENBACH, DEAN
STREET ADDRESS 1124 COUNTRY CLUB DR
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE MGRM ☐ Change ☒ Addition
NAME Aldo Beltrano
STREET ADDRESS 112 Jones Creek Blvd.
CITY-ST-ZIP Jupiter, FL 33458

TITLE MGRM ☒ Delete
NAME ROSENBACH, ELLEN
STREET ADDRESS 1124 COUNTRY CLUB DR
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE ☐ Change ☐ Addition
NAME 500004488335-8
STREET ADDRESS -07/20/01--01101--002
CITY-ST-ZIP *****55.00 *****55.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Aldo Beltrano, Managing Member July 10, 2001

(561)833-2774

Date Daytime Phone #

CR2E083 (5/01)

STAPLE CHECK HERE