

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2002 8:00 am
Secretary of State

04-25-2002 90004 016 ****55.00

DOCUMENT # L00000013516

1. Entity Name
1000 CONGRESS, L.L.C.

Principal Place of Business

**112 JONES CREEK BLVD.
 JUPITER FL 33458**

Mailing Address

**P.O. BOX 1731
 JUPITER FL 33458**

945385

2. Principal Place of Business

970 NORTH CONGRESS AVE

3. Mailing Address

970 NORTH CONGRESS AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
WEST PALM BEACH, FL

City & State
WEST PALM BEACH, FL

4. FEI Number

65-1098954

Applied For

Not Applicable

Zip
33409

Country

Zip
33409

Country

5. Certificate of Status Desired



\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**BELTRANO, ALDO
 112 JONES CREEK BLVD.
 JUPITER FL 33458**

7. Name and Address of New Registered Agent

Name **BELTRANO, ALDO**

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

970 NORTH CONGRESS AVENUE

City **WEST PALM BEACH** FL **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

ALDO BELTRANO, ESQ.

4/18/2002

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 NAME STREET ADDRESS CITY-ST-ZIP | MGRM BELTRANO, ALDO 112 JONES CREEK BLVD. JUPITER FL 33458 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BELTRANO, ALDO 970 NORTH CONGRESS AVENUE WEST PALM BEACH, FL 33409 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

ALDO BELTRANO, MGRM 4/18/2002 (561) 712-4622

CR2E083 (9/01)