

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0004456
AF

DOCUMENT # L00000014435

1. Entity Name

METROPLEX INVESTMENTS BC, LLC

01 MAY -2 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

711 BALLARD STREET
ALTAMONTE SPRINGS FL 32701

711 BALLARD STREET
ALTAMONTE SPRINGS FL 32701

2. Principal Place of Business

3. Mailing Address

201 PARK PLACE

POB 0456

Suite, Apt. #, etc.

Suite, Apt. #, etc.

205

City & State

City & State

MAITLAND FL.

Zip

Country

Zip

Country

32794

4. FEI Number

59-3683160

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEPHAN, REINHARD G
2699 LEE ROAD, SUITE 540
WINTER PARK FL 32789

Name

Robert Ryan

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

201 PARK PLACE #205

City

Altamonte Springs

FL

Zip Code

32701

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

Robert D. Ryan

Robert Ryan Managing Member

4-23-01

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 MGRM RYAN, ROBERT
STREET ADDRESS 711 BALLARD STREET
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

☐ Delete

TITLE NAME
STREET ADDRESS 201 PARK PLACE #205
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE NAME
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CITY-ST-ZIP

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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:

Robert D. Ryan

ROBERT RYAN

4-23-01

407-774-7000

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

Date

Daytime Phone #

CR2E083 (11/00)