

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014903

1. Entity Name

IMPERIAL HOLDINGS GROUP, LLC

FILED

01 MAR 23 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

200 E. BROWARD BLVD.  
Suite 920  
Fort Lauderdale, FL 33301

Same

2. Principal Place of Business

3. Mailing Address

200 E. BROWARD BLVD.

200 E. BROWARD BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

920

920

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

4. FEI Number

65-1058885

Applied For

Not Applicable

Zip

33301

Country

Zip

33301

Country

USA

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

Fieldstone, RONALD  
201 ALHAMBRA CIRCLE  
Suite 601  
MIAMI, FL 33134

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

3-19-01

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  
D  
RILEY, MICHAEL S.  
200 E. BROWARD BLVD., Suite 920  
FORT LAUDERDALE, FL 33301

☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP

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☐ Change ☐ Addition

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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

3-19-01

Date

954522-9903

Daytime Phone #

CR2E083 (11/00)