

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90756 001 \*\*\*200.00

0017081

**DOCUMENT # L00000015463**

1. Entity Name

**NEW URBAN GREENWAY, L.L.C.**

Principal Place of Business

**72 S.E. 6TH AVE.  
DELRAY BEACH FL 33483**

Mailing Address

**72 S.E. 6TH AVE.  
DELRAY BEACH FL 33483**

2. Principal Place of Business

**398 NE 6th Ave**

3. Mailing Address

**398 NE 6th Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Delray Beach, FL**City & State  
**Delray Beach, FL**

4. FEI Number

**65-1068270**

Applied For

Not Applicable

Zip  
**33483**

Country

Zip

**33483**

Country

5. Certificate of Status Desired ☐**\$5.00** Additional  
Fee Required**6. Name and Address of Current Registered Agent****CORPDIRECT AGENTS  
103 N. MERIDIAN ST., LOWER LEVEL  
TALLAHASSEE FL 32301****7. Name and Address of New Registered Agent**

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  
Due By May 1, 2002****9. MANAGING MEMBERS / MANAGERS**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
RICKARD, KEVIN  
72 S.E. 6TH AVE.  
DELRAY BEACH FL 33483** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete**10. ADDITIONS / CHANGES**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**change of address  
398 NE 6th Ave.  
Delray Beach FL 33483** ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
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:**

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

Date

Daytime Phone #

CP2E083 (9/01)