2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000016123

1. Entity Name

CONSUMER PROTECTION, L.C.

FILED

01 MAR -1 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
21311 MILLBROOK CT BOCA RATON, FL 33498	SAME

2. Principal Place of Business	3. Mailing Address
21311 MILLBROOK Ct.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON. FL.	City & State
Zip: 33498 Country	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65 1063723 ☐ 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
ROBERT BESSERMAN 21311 MILLBROOK Ct. BOCA RATON, FL 33498	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 _____ ROBERT BESSERMAN 2/16/01
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 / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT ROBERT F. BESSERMAN 21311 MILLBROOK Ct. BOCA RATON, FL 33498	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	None ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700003819347--3 -03/08/01--01097--014 *****50.00 *****50.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (11/00)

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: _____ 2/16/01 (561) 558-0123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #