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2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State
03-20-2002 90007 034 ****50.00

23869

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000000357

1. Entity Name
AMERIBRIDGE FLORIDA, L.C.

Principal Place of Business	Mailing Address
ONE FINANCIAL PLAZA, 22ND FLOOR FT. LAUDERDALE FL 33394	ONE FINANCIAL PLAZA, 22ND FLOOR FT. LAUDERDALE FL 33394

2. Principal Place of Business		3. Mailing Address	
1900 W COMMERCIAL BLVD.		P.O. BOX 5843	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: FORT LAUDERDALE FL.		City & State: FORT LAUDERDALE FL	
Zip: 33309	Country: U.S.A.	Zip: FL. 33310	Country: U.S.A.

4. FEI Number ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MOYLE, BERNARD T ESQ
C/O BENSON, MOYLE & MUCCI, LLP
ONE FINANCIAL PLAZA, SUITE 1600
FORT LAUDERDALE FL 33394

7. Name and Address of New Registered Agent

Name: BERNHARD SCHUTTE
Street Address (P.O. Box Number Is Not Acceptable)
1900 W COMMERCIAL BLVD.
City: FORT LAUDERDALE FL Zip Code: 33309

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 ____________________ 1/18/02
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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO STEW WALDO 1900 W COMMERCIAL BLVD FORT LAUDERDALE FL. 33309	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO BERNHARD SCHUTTE P.O. BOX 5843 FORT LAUDERDALE FL. 33310	☐ 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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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (9/01)

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 REQUIRED 1/18/2002 (954) 333-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #