

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-22-2002 90239 001 ****50.00

DOCUMENT # **L01000000416**

1. Entity Name
P. A. C. - N, L.L.C.

Principal Place of Business
5414 NW 72ND AVE
MIAMI FL 33166

Mailing Address
5414 NW 72ND AVE
MIAMI FL 33166

~~XXXXXXXXXX~~
86737



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. Renewal Date		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1/1/02		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$5.00 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent
BAUMAN, BRYAN W ESQ
1200 BRICKELL AVE
SUITE 1720
MIAMI FL 33131

7. Name and Address of New Registered Agent
 Name **SETH FELLMAN**
 Street Address (P.O. Box Number is Not Acceptable)
5414 NW 72 AVE
 City **MIAMI** FL **33166**

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 **SETH FELLMAN** DATE **4/8/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PRESIDENT SETH FELLMAN 5414 NW 72 AVE MIAMI, FL 33166			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **SETH FELLMAN** DATE **4/8/02** DAYTIME PHONE # **305-874-5366**

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

CR2E083 (9/01)