

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90081 005 ****50.00

DOCUMENT # **L01000000671**

1. Entity Name

PASA MANAGEMENT AND TOURISM, LLC

Principal Place of Business

**314 NO. 14TH AVENUE
JACKSONVILLE BEACH FL 32250**

Mailing Address

**12779 QUINCYH BAY DR.
JACKSONVILLE FL 32224**

2. Principal Place of Business

115 Sth Ave. So.

3. Mailing Address

115 Sth Ave. So.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE Bch, FL

City & State

JACKSONVILLE Bch, FL

4. FEI Number

59-3703766

Applied For

Not Applicable

Zip

Country

32250

USA

Zip

Country

32250

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HOPKINS, M. PILAR
5301 ALHANBRA CIRCLE
CORAL GABLES FL 33146**

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 **member - Pres - Treas** ☐ Delete

NAME **LEVENT HAZER**

STREET ADDRESS **12779 QUINCY BAY DR.**

CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE **member - Sec.** ☐ Delete

NAME **LILIA HAZER**

STREET ADDRESS **12779 QUINCY BAY DR.**

CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

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: LEVENT HAZER

04/03/02 (904) 2414545

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

Date

Daytime Phone #

CR2E083 (9/01)