

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90018 029 \*\*\*\*\*50.00

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**DOCUMENT # L01000002722**

1. Entity Name

**NEW GENERATION, LLC**

Principal Place of Business

**4747 COLLINS AVENUE, #1002  
 MIAMI BEACH FL 33140**

Mailing Address

**4747 COLLINS AVENUE, #1002  
 MIAMI BEACH FL 33140**

700372

2. Principal Place of Business

**4779 Collins Ave., #1703 4779 Collins Ave.**

3. Mailing Address

**Suite, Apt. #, etc.  
 #1703**

**Suite, Apt. #, etc.  
 #1703**

City & State

**Miami Beach, FL**

City & State

**Miami Beach, FL**

**Zip  
 33140**

**Country  
 U.S.A.**

**Zip  
 33140**

**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

**FRIEDLER, JACK  
 4747 COLLINS AVENUE, #1002  
 MIAMI BEACH FL 33140**

7. Name and Address of New Registered Agent

Name **Friedler, Jack**

Street Address (P.O. Box Number is Not Acceptable)

**4779 Collins Avenue, #1703**

City **Miami Beach**

**FL**

Zip Code **33140**

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 **MGRM** ☐ Delete  
 NAME **FRIEDLER, JACK**  
 STREET ADDRESS **4747 COLLINS AVENUE, #1002**  
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **4779 Collins Ave., #1703**  
 CITY-ST-ZIP **Miami Beach, FL 33140**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:**

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

**1/21/2002**

**305-535-6209**  
 Daytime Phone # **305**

CR2E083 (9/01)