

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90071 038 ****50.00

DOCUMENT # L01000004197

1. Entity Name

JUDEL, LLC

Principal Place of Business

7495 LA PAZ BOULEVARD, UNIT 105
BOCA RATON FL 33433

Mailing Address

7495 LA PAZ BOULEVARD, UNIT 105
BOCA RATON FL 33433

2. Principal Place of Business

22904 LA CORNICHE WAY

Suite, Apt. #, etc.

3. Mailing Address

22904 LA CORNICHE WAY

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. FEI Number

65-1089417

Applied For

Not Applicable

Zip

33433

Country

FLORIDA

Zip

33433

Country

FLORIDA

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SIEGEL, HARRIS B
7495 LA PAZ BOULEVARD, UNIT 105
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name
HARRIS SIEGEL

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

22904 LA CORNICHE WAY

City
BOCA RATON

FL

Zip Code
33433

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

Harris Siegel

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HARRIS SIEGEL
22904 LA CORNICHE WAY
BOCA RATON, FL 33433

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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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

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

Date

Daytime Phone #

CR2E083 (9/01)