

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State
01-16-2002 90261 017 ****50.00

DOCUMENT # L01000004580

1. Entity Name
SECOND CHANCES, L.L.C.

Principal Place of Business

**3840 W. HILLSBORO BLVD., #219
DEERFIELD BEACH FL 33442**

Mailing Address

**3840 W. HILLSBORO BLVD., #219
DEERFIELD BEACH FL 33442**

2. Principal Place of Business

**4800 N. FEDERAL HWY
Suite, Apt. #, etc.
104 B.**

3. Mailing Address

**4800 N. FEDERAL HWY
Suite, Apt. #, etc.
104 B**

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL.

4. FEI Number

65-1102460

Applied For

Not Applicable

Zip
33431

Country
PALM BCH

Zip
33431

Country
PALM BCH.

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LERNER, ALLAN M
2888 EAST OAKLAND PARK BLVD.
FT LAUDERDALE FL 33306**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
REDREEF PICTURES, INC.
3840 W. HILLSBORO BLVD., #219
DEERFIELD BEACH FL 33442** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR-ANTHONY Rosamilia
REDREEF PICTURES, INC
4800 N. FEDERAL HWY STE 104B
BOCA RATON, FL 33431** ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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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)