

1/14/02-90019-00

**FILED**  
**Mar 10, 2002 8:00 am**  
**Secretary of State**

01-14-2002 90019 009 \*\*\*\*50.00

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # L01000007003**

1. Entity Name

**LITTLE RASCALS, LLC.**

Principal Place of Business

**225 NE MIZNER BLVD., STE. 524  
BOCA RATON FL 33432**

Mailing Address

**225 NE MIZNER BLVD., STE. 524  
BOCA RATON FL 33432**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**051124501**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KAPLAN, JED**  
**225 NE MIZNER BLVD., STE. 524**  
**BOCA RATON FL 33432**

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 date 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

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**MEM**  
**KAPLAN, JED**  
**225 NE MIZNER BLVD., STE. 524**  
**BOCA RATON FL 33432**

☐ Delete☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**MEM**  
**KAPLAN, JAMIE**  
**225 NE MIZNER BLVD., STE. 524**  
**BOCA RATON FL 33432**

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

**1/4/01**

Daytime Phone #

02E083 (9/01)