

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90035 024 ****50.00

DOCUMENT # L01000007182

1. Entity Name
RUBELJ, L.L.C.

Principal Place of Business
**#914, 4010 GALT OCEAN DR.
 FT LAUDERDALE FL 33311**

Mailing Address
**#914, 4010 GALT OCEAN DR.
 FT LAUDERDALE FL 33311**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For
☒ Not Applicable

Zip
33308

Country

Zip
33308

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**FILINGS, INC.
 3732 N.W. 16TH ST.
 FT. LAUDERDALE FL 33311**

7. Name and Address of New Registered Agent

Name **IVAN RUBELJ**

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

4010 Galt Ocean Drive, #914

City **Fort Lauderdale**

FL

Zip Code
33308

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.

Ivan Rubelj

(NOTE: Registered Agent signature required when reinstating)

4/16/02

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 **MGRM RUBELJ, IVAN** ☐ Delete
 STREET ADDRESS **#914, 4010 GALT OCEAN DR.**
 CITY-ST-ZIP **FT LAUDERDALE FL 33311**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
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 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
 NAME ☒ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP **zip code is 33308**

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

TITLE
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 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 REQUIRED

Ivan Rubelj
Managing Member
4/16/02

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

Daytime Phone #

CR2E083 (9/01)