

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90037 021 ****55.00

DOCUMENT # L01000007545

1. Entity Name

TRANSEASTERN VERSAILLES, LLC

Principal Place of Business

**3300 UNIVERSITY DRIVE
 CORAL SPRINGS FL 33065**

Mailing Address

**3300 UNIVERSITY DRIVE
 CORAL SPRINGS FL 33065**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3718329

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**GERSON, GARY N
 1645 PALM BEACH LAKES BLVD.
 SUITE 1200
 WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name

CORA DiFiore

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

3300 University Dr

City

Coral Springs

FL

33065

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

Cora DiFiore

2-25-02

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 **M** ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME **MGR Arthur Falcone** ☐ Change ☒ Addition
 STREET ADDRESS **3300 University Dr**
 CITY-ST-ZIP **C.S. FL 33065**

TITLE NAME **Member Edward Falcone** ☐ Change ☒ Addition
 STREET ADDRESS **3300 University Dr**
 CITY-ST-ZIP **CS FL 33065**

TITLE NAME **Member Neil Eisner** ☐ Change ☒ Addition
 STREET ADDRESS **3300 University Dr**
 CITY-ST-ZIP **CS FL 33065**

TITLE NAME **Member Cora DiFiore** ☐ Change ☒ Addition
 STREET ADDRESS **3300 University Dr**
 CITY-ST-ZIP **CS FL 33065**

TITLE NAME **Member John EVASIU** ☐ Change ☒ Addition
 STREET ADDRESS **3300 University Dr**
 CITY-ST-ZIP **CS FL 33065**

TITLE NAME ☐ Change ☐ Addition
 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:

Arthur Falcone

2-25-02

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

Date

Daytime Phone #

CR2E083 (9/01)