

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90017 017 ****50.00

DOCUMENT # L01000007680

1. Entity Name

CASA DEL PIRATA, LLC

Principal Place of Business

**7491 NORTH FEDERAL HIGHWAY
C-5 PMB 216
BOCA RATON FL 33487**

Mailing Address

**7491 NORTH FEDERAL HIGHWAY
C-5 PMB 216
BOCA RATON FL 33487**

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

65-1104111

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

**COLEMAN, ANTHONY G JR.
3275 WEST HILLSBORO BLVD.
SUITE 207
DEERFIELD BEACH FL 33487**

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

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **THOMAS R. STOUT**
STREET ADDRESS **442 COMMODORE CIRCLE**
CITY-ST-ZIP **DELRAY, FL 33483**

TITLE **MGR** ☐ Change ☒ Addition
NAME **THOMAS R. STOUT**
STREET ADDRESS **442 COMMODORE CIRCLE**
CITY-ST-ZIP **DELRAY, FL 33483**

TITLE **DEBBIE STOUT** ☐ Delete
NAME **DEBBIE STOUT**
STREET ADDRESS **442 COMMODORE CIRCLE**
CITY-ST-ZIP **DELRAY, FL 33483**

TITLE **MGR** ☐ Change ☒ Addition
NAME **DEBBIE STOUT**
STREET ADDRESS **442 COMMODORE CIRCLE**
CITY-ST-ZIP **DELRAY, FL 33483**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition
NAME
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/20/02 5612744116

CR2E083 (9/01)

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