

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90203 032 ****55.00

DOCUMENT # L01000007854

1. Entity Name

NORTHWEST DEVELOPMENT GROUP, LLC

Principal Place of Business

**936 INTRACOASTAL DRIVE
 SUITE 2002
 FORT LAUDERDALE FL 33304
 US**

Mailing Address

**936 INTRACOASTAL DRIVE
 SUITE 2002
 FORT LAUDERDALE FL 33304
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

80-0025045

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HALL, FRANK
 2750 NORTH 29TH AVENUE
 SUITE 202
 HOLLYWOOD FL 33020**

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 **MGR** ☐ Delete
 NAME **CCV DEVELOPMENT CORP, INC.**
 STREET ADDRESS **936 INTRACOASTAL DRIVE**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE **MGR** ☐ Delete
 NAME **COLE DIVERSIFIED, LLC**
 STREET ADDRESS **10 NURMI DRIVE**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE **MGR** ☐ Delete
 NAME **SCC CONSULTING GROUP, LIMITED COMPANY**
 STREET ADDRESS **7512 NW 41ST STREET**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **MGR** ☐ Delete
 NAME **BUNCHE PARK, INC.**
 STREET ADDRESS **2750 NORTH 29TH AVENUE**
 CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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 REQUIRED

4/28/02 (854) 925-5699

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

Date

Daytime Phone #

CR2E083 (9/01)