

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-22-2002 90213 011 ****50.00

DOCUMENT # L01000008376

1. Entity Name
1325 CONGRESS, LLC.

Principal Place of Business

**5000 BLUE LAKE DRIVE
 STE 150
 BOCA RATON FL 33431**

Mailing Address

**5000 BLUE LAKE DRIVE
 STE 150
 BOCA RATON FL 33431**

2. Principal Place of Business

5000 T-REX AVE.

Suite, Apt. #, etc.
STE. 150

3. Mailing Address

5000 T-REX AVE.

Suite, Apt. #, etc.
STE. 150

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

33431

Country

USA

Zip

33431

Country

USA

4. FEI Number

65-1107627

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SIEGEL, NED L
 5000 BLUE LAKE DR., STE 150
 BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name **SIEGEL, NED L.**
 Street Address (P.O. Box Number is Not Acceptable)
5000 T-REX AVE. STE. 150
 City **BOCA RATON** FL Zip Code **33431**

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 **MGRM** ☐ Delete
 NAME **SIEGEL, NED L**
 STREET ADDRESS **5000 BLUE LAKE DR., STE 150**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5000 T-REX AVE. STE. 150**
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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 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:

Siegel, Ned L. Managing Member 4/26/02 (561) 998-9200

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

Date

Daytime Phone #

0015477

CR2E083 (9/01)