

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-07-2002 90372 020 ****55.00

DOCUMENT # L01000908487

1. Entity Name

BRADFORD TERRACE, LLC

Principal Place of Business

**3737 WEST ARTHUR AVE.
 LINCOLNWOOD IL 60712**

Mailing Address

**3737 WEST ARTHUR AVE.
 LINCOLNWOOD IL 60712**

2. Principal Place of Business

808 S. Colley

3. Mailing Address

Suite, Apt. #, etc.

City & State

Starke, FL

City & State

4. FEI Number

36-4447151

Applied For

Not Applicable

Zip

32091

Country

USA

Zip

Country

5. Certificate of Status Desired

☒

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BTC CORPORATE SERVICES, INC.
 201 SOUTH BISCAYNE BLVD.
 SUITE 3000
 MIAMI FL 33131**

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 **MGRM** ☐ Delete
 NAME **ESFORMES, MORRIS I**
 STREET ADDRESS **3737 WEST ARTHUR AVE.**
 CITY-ST-ZIP **LINCOLNWOOD IL 60712**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☒ Addition
 NAME **MGR**
 STREET ADDRESS **Sidney Roberts**
 CITY-ST-ZIP **120 Chipola Ave.
 Deland, FL 32720**

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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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 MGR

4/22/02

386-738-3433

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

Date

Daytime Phone #

CR2E083 (9/01)