

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2002 8:00 am
Secretary of State

07-11-2002 90246 020 ****50.00

970022



DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000009102

1. Entity Name
THE AMETHYST GROUP, LLC

Principal Place of Business

**6320 S.W. 6TH STREET
MARGATE FL 33068**

Mailing Address

**6320 S.W. 6TH STREET
MARGATE FL 33068**

2. Principal Place of Business

7441 SW 14TH STREET

3. Mailing Address

7441 SW 14TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANTATION FL

City & State

PLANTATION FL

4. FEI Number

04-3655546

Applied For

Not Applicable

Zip

33317

Country

USA

Zip

33317

Country

USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**HALL, ANDRE L
6320 S.W. 6TH STREET
MARGATE FL 33068**

7. Name and Address of New Registered Agent

Name **ANDRE HALL**
Street Address (P.O. Box Number is Not Acceptable)
7441 SW. 14TH STREET
City **PLANTATION** FL Zip Code **33317**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Andre Hall*
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 September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
NAME **MGRM,**
STREET ADDRESS **ANDRE HALL**
CITY-ST-ZIP **7441 SW 14TH STREET
PLANTATION, FL 33317**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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: *Andre Hall* **SIGNATURE REQUIRED**

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

Date

Daytime Phone #

CR2E083 (4/02)