

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90086 047 *****50.00

DOCUMENT # L01000010033

1. Entity Name

INTERFACE DEVELOPMENT, LLC

Principal Place of Business

**1200 NORTH FEDERAL HIGHWAY, SUITE 200
 BOCA RATON FL 33432**

Mailing Address

**1200 NORTH FEDERAL HIGHWAY, SUITE 200
 BOCA RATON FL 33432**

2. Principal Place of Business

2300 GLADES RD

3. Mailing Address

2300 GLADES RD

Suite, Apt. #, etc.

230W

Suite, Apt. #, etc.

230W

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

33431

Country

USA

Zip

33431

Country

USA

4. FEI Number

65-1112646

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GOODMAN, KENNETH
 1200 NORTH FEDERAL HIGHWAY, SUITE 200
 BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

KENNETH GOODMAN

Street Address (P.O. Box Number is Not Acceptable)

2300 GLADES RD

230W

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]
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

MANAGER

1/31/02

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 **GOODMAN, KENNETH**
 STREET ADDRESS **1200 NORTH FEDERAL HIGHWAY, SUITE 200**
 CITY-ST-ZIP **BOCA RATON FL 33432**

10. ADDITIONS/CHANGES

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

1/31/02

561-750-5260

Date

Daytime Phone #

CR2E083 (9/01)