

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

04-17-2002 90025 046 ****50.00

DOCUMENT # L01000010234

1. Entity Name

PASADENA-CENTRAL, LLC

Principal Place of Business

12360 66TH STREET NORTH, STE. H
 LARGO FL 33773

Mailing Address

12360 66TH STREET NORTH, STE. H
 LARGO FL 33773

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3740073

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COCKEY, PRESTON O JR.
 501 E. KENNEDY BLVD., STE. 1400
 TAMPA FL 33602

Name

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

201 N. FRANKLIN ST

Suite 2200

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

10. ADDITIONS/CHANGES

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	CARLOS A. YEPES	
STREET ADDRESS	P.O. BOX 17467	
CITY-ST-ZIP	CLEARWATER, FL 33762	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	LYNN NOWAK	
STREET ADDRESS	P.O. BOX 7333	
CITY-ST-ZIP	CLEARWATER, FL 33758	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

4/8/02 (727) 536 8886

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

Date

Daytime Phone #

CR2E083 (9/01)