

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2002 8:00 am**  
**Secretary of State**

04-25-2002 90009 032 \*\*\*\*55.00

**DOCUMENT # L01000010661**

1. Entity Name  
**FUDALAND, LLC**

Principal Place of Business

Mailing Address

~~211 ROYAL POINCIANA WAY~~  
~~PALM BEACH FL 33480~~

~~P.O. BOX 1175~~  
~~PALM BEACH FL 33480~~

2. Principal Place of Business

3. Mailing Address

**970 North Congress**  
 Suite, Apt. #, etc.

**970 North Congress**  
 Suite, Apt. #, etc.

City & State  
**West Palm Beach FL**

City & State  
**West Palm Beach FL**

Zip  
**33409**

Country  
**USA**

Zip  
**33409**

Country  
**USA**

4. FEI Number **65-1121419**

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

**BELTRANO, ALDO**

~~211 ROYAL POINCIANA WAY~~  
~~PALM BEACH FL 33480~~

Name **ALDO BELTRANO**

Street Address (P.O. Box Number is Not Acceptable)  
**970 NORTH CONGRESS AVE**

City **WEST PALM BEACH** FL Zip Code **33409**

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 **ALDO BELTRANO, ESQUIRE**

**4/17/2002**

**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  
 NAME **MGRM DUDE, PATRICK** ☐ Delete  
 STREET ADDRESS **1053 NORTH LAKE**  
 CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE  
 NAME **MGRM DUDE, PATRICK** ☒ Change ☐ Addition  
 STREET ADDRESS **970 NORTH CONGRESS AVE**  
 CITY-ST-ZIP **WEST PALM BEACH, FL 33409**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  
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 NAME ☐ Delete  
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TITLE  
 NAME ☐ Change ☐ Addition  
 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:

**PATRICK DUDE, MGRM** **4/17/2002** **(561) 712-4622**

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

Date

Daytime Phone #

CR2E083 (9/01)