

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90012 034 ****50.00

DOCUMENT # L01000010664

1. Entity Name
PALOP LLC



Principal Place of Business
**1711 6TH AVENUE SOUTH
LAKE WORTH FL 33460**

Mailing Address
**1711 6TH AVENUE SOUTH
LAKE WORTH FL 33460**

2. Principal Place of Business
6750 W. 22ND COURT
Suite, Apt. #, etc.

3. Mailing Address
7491 W. OAKLAND PARK BLVD.
Suite, Apt. #, etc.

City & State
HALEAH, FLORIDA

City & State
LAUDERHILL, FLORIDA

4. FEI Number **65-1117648**

Applied For
Not Applicable

Zip **33016** Country **USA**

Zip **33319** Country **USA**

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

6. Name and Address of Current Registered Agent

**OSTROFF, RON
1711 6TH AVENUE SOUTH
LAKE WORTH FL 33460**

7. Name and Address of New Registered Agent

Name
RON OSTROFF

Street Address (P.O. Box Number is Not Acceptable)
7491 W. OAKLAND PARK BLVD.

City
LAUDERHILL

FL

Zip Code
33319

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

(NOTE: Registered Agent signature required when reinstating)

3/7/03

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
OSTROFF, RON
1711 6TH AVENUE SOUTH
LAKE WORTH FL 33460** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**RON OSTROFF
7491 WEST OAKLAND PARK BLVD.
LAUDERHILL, FL 33319** ☒ Change ☐ Addition

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

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

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

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

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

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

3/7/03

954-578-1946

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

Date

Daytime Phone #

CR2E083 (10/02)