

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90129 020 \*\*\*\*50.00

**DOCUMENT # L01000011014**

1. Entity Name

**THE TOFINO GROUP II, LLC**

Principal Place of Business

C/O GREGORY WILLIAM GARY  
 533 SOUTH HOWARD AVENUE, SUITE 8-058  
 TAMPA FL 33606

Mailing Address

C/O GREGORY WILLIAM GARY  
 533 SOUTH HOWARD AVENUE, SUITE 8-058  
 TAMPA FL 33606

2. Principal Place of Business

**C/O BRADLEY S. HARTMAN, JR.**  
 Suite, Apt. #, etc.  
**10000 STIRLING RD SUITE 101**

3. Mailing Address

**SAME AS 2.**  
 Suite, Apt. #, etc.

City & State

**COOPER CITY FL**

City & State

Zip

Country

**USA**

4. FEI Number

**71-0872970**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**HARTMAN, BRADLEY S**  
**10000 STIRLING ROAD, SUITE 1**  
**COOPER CITY FL 33024**

7. Name and Address of New Registered Agent

Name

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

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

MEM

**HARTMAN, BRADLEY S.**  
**10000 Stirling Road, Suite 1**  
**Cooper City, FL 33024**

☐ Change

☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

MEM

**SHAMBORA, PAUL**  
**3020 N. 34 Street**  
**Hollywood, FL 33021**

☐ Change

☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

MEM

**JACOBSON, MEL S., TRUSTEE**  
**3825 Henderson Blvd., Suite 100**  
**Tampa, FL 33629**

☐ Change

☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
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☐ Delete

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:**

**REQUIRED**

**4/23/02**

**954-438-1000**

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

Date

Daytime Phone #

CR2E083 (9/01)