

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000011284

1. Entity Name

C & D, PROFESSIONAL LIMITED LIABILITY COMPANY

FILED
Aug 07, 2002 8:00 am
Secretary of State

04-22-2002 90149 034 ****50.00

08-07-2002 90171 018 ****50.00

Principal Place of Business

Mailing Address

2800 SOUTH SEACREST BLVD.
SUITE 106B
BOYNTON BEACH FL 33435

2800 SOUTH SEACREST BLVD.
SUITE 106B
BOYNTON BEACH FL 33435

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

☒ 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

~~CORPORATE CREATIONS NETWORK, INC.~~
~~541 FOURTH STREET #200~~
~~MIAMI BEACH FL 33139~~

Name: Allan Dinnerstein
Street Address (P.O. Box Number is Not Acceptable):
17609 Tiffany Trace Dr

City: Boca Raton FL ZIP Code: 33487

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: ALLAN J DINNERSTEIN

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/1/02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: MGR ☐ Delete
NAME: DINNERSTEIN, ALLAN J
STREET ADDRESS: 2800 SOUTH SEACREST BLVD.
CITY-ST-ZIP: BOYNTON BEACH FL 33435

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

TITLE: MGR ☐ Delete
NAME: CASTANEDA, JOSE F
STREET ADDRESS: 2800 SOUTH SEACREST BLVD.
CITY-ST-ZIP: BOYNTON BEACH FL 33435

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

TITLE: ☐ Delete
NAME: ☐ Delete
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CITY-ST-ZIP: ☐ Delete

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STREET ADDRESS: ☐ Change ☐ Addition
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: ALLAN J DINNERSTEIN

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

Date

Daytime Phone #

8/1/02 561 7404822

CR2E083 (4/02)