

2002 UNIFORM BUSINESS REPORT (UBR)

0005607

DOCUMENT # **L01000011365**

1. Entity Name
NUEVA LIFE, LLC

FILED

02 OCT 15 AM 8:50

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**11 RIVERSIDE DR.
COCOA FL 32922**

Mailing Address
**11 RIVERSIDE DR.
COCOA FL 32922**

2. Principal Place of Business
Suite, Apt. #, etc.
Suite 200
City & State
Cocoa
Zip
32922
Country
FL

3. Mailing Address
Suite, Apt. #, etc.
Suite 200
City & State
Cocoa
Zip
32922
Country
FL

4. FEI Number
Applied For
☐ \$5.00 Additional Fee Required
Not Applicable

6. Name and Address of Current Registered Agent
**MARKEY & FOWLER, PA
25 MCLEOD ST.
MERRITT ISLAND FL 32953**

7. Name and Address of New Registered Agent
Name
Randal G. Park
Street Address (P.O. Box Number is Not Acceptable)
11 Riverside Dr
Suite 200
City
Cocoa
FL
Zip Code
32922

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
[Signature]
Signature, typed or printed name of registered agent and title if applicable.
(NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Randal G. Park 11 Riverside Drive Cocoa FL 32922	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100008374001--8 -10/15/02--01042--001 ****150.00 ****150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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**
[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Date **9/20/02** Daytime Phone # **321 433 2000**

CR2E083 (4/02)