

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000011924

1. Entity Name

R.J. LOWE-SHUE ENTERPRISE, L.L.C.

FILED
Sep 02, 2002 8:00 am
Secretary of State

09-02-2002 90047 037 ****55.00

Principal Place of Business

Mailing Address

4337 WEST SUNRISE BLVD.
 PLANTATION FL 33313

4337 WEST SUNRISE BLVD.
 PLANTATION FL 33313

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

65-1121669

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

D'AGUILAR, PAULA S
 4337 WEST SUNRISE BLVD.
 PLANTATION FL 33313

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. I am familiar with, and accept the obligations of registered agent.

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 September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME **RUBY EDMAN "MGRM"**
 STREET ADDRESS **4337 W. SUNRISE BLVD.**
 CITY-ST-ZIP **PLANTATION, FL. 33313**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME **VINCENT EDMAN "MGRM"**
 STREET ADDRESS **4337 W. SUNRISE BLVD.**
 CITY-ST-ZIP **PLANTATION, FL 33313**

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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
RUBY EDMAN

08.26.02. (954) 587-3280

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

Date

Daytime Phone #

CR2E083 (4/02)