

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90036 026 ****50.00

DOCUMENT # L01000012673

1. Entity Name
CLEAN DEAN, LLC

Principal Place of Business

**2016 S. MIAMI ROAD
 FT. LAUDERDALE FL 33318**

Mailing Address

**2016 S. MIAMI ROAD
 FT. LAUDERDALE FL 33318**

2. Principal Place of Business

213 ROSE DRIVE
 Suite, Apt. #, etc.

3. Mailing Address

213 ROSE DRIVE
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT LAUDERDALE FL

City & State

FT LAUDERDALE FL

4. FEI Number

65-1128661

Applied For

Not Applicable

Zip

33316

Country

USA

Zip

33316

Country

USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BRONCHICK, KENNETH C ESQ.
 100 W. CYPRESS CREEK ROAD
 SUITE 910
 FT. LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent

Name **MARK COHEN CPA**
 Street Address (P.O. Box Number is Not Acceptable)
1772 EAST TRAFALGAR CIRCLE
 City **Hollywood** FL Zip Code **33020**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **1/22/02**

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR** ☐ Delete
 NAME **POTGIETER, STEPHANUS A**
 STREET ADDRESS **2016 S. MIAMI ROAD**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33318**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

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

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

Date

Daytime Phone #

01-22-02

CR2E083 (9/01)