

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90099 013 ****50.00

DOCUMENT # L01000012908

1. Entity Name
BAHAMAS RESORT, L.L.C.

Principal Place of Business

**4337 W. SUNRISE BLVD.
 PLANTATION FL 33313**

Mailing Address

**4337 W. SUNRISE BLVD.
 PLANTATION FL 33313**

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65 1126391

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, CECIL
 4337 W. SUNRISE BLVD.
 PLANTATION FL 33313**

Name

SAVITA KEZERLE TRUSTEE (T)

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

4337 W. SUNRISE BLVD

Plantation

FL

FL

Zip Code

33317

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

8/30/2002

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 **CECIL D'AGUILAR** ☒ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME **Savita Kezerle Trustee (T)** ☐ Change ☒ Addition
 STREET ADDRESS **For Gold Trust**
 CITY-ST-ZIP **4337 W. Sunrise Blvd. Plantation FL33313**

TITLE NAME **Glendon Teller** ☒ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME **Savita Kezerle Trustee(T)** ☐ Change ☒ Addition
 STREET ADDRESS **For Gold Trust**
 CITY-ST-ZIP **4337 W. Sunrise Blvd Plantation Fl 33313**

TITLE NAME **Paula S D'AGUILAR** ☒ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

CR2E083 (9/01)

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

8 30 2002

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

Date

Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

00000000

Attachment

978878



DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000012908

1. Entity Name
BAHAMAS RESORT, L.L.C.

Principal Place of Business
**4337 W. SUNRISE BLVD.
PLANTATION FL 33313**

Mailing Address
**4337 W. SUNRISE BLVD.
PLANTATION FL 33313**

2. Principal Place of Business
SAMI

3. Mailing Address
SAMI

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
65 1126391

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**D'AGUILAR, CECIL
4337 W. SUNRISE BLVD.
PLANTATION FL 33313**

7. Name and Address of New Registered Agent

Name
Savita Kezerle Trustee (T)

Street Address (P.O. Box Number is Not Acceptable)
4337 W. Sunrise Blvd

City State Zip Code
Plantation FL FL 33317

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 **Savita Kezerle Trustee (T)** DATE **8/30/2002**

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 May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME CECIL D'AGUILAR	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 4337 W. Sunrise Blvd	
CITY-ST-ZIP Plantation FL 33317	
TITLE NAME Glendon Teller	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 4337 W. Sunrise Blvd	
CITY-ST-ZIP Plantation FL 33317	
TITLE NAME Paula S D'AGUILAR	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 4337 W. Sunrise Blvd	
CITY-ST-ZIP Plantation FL 33317	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE NAME Savita Kezerle Trustee (T)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS For Gold Trust	
CITY-ST-ZIP 4337 W. Sunrise Blvd Plantation FL33313	
TITLE NAME Savita Kezerle Trustee(T)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS For Gold Trust	
CITY-ST-ZIP 4337 W. Sunrise Blvd Plantation Fl 33313	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Savita Kezerle Trustee (T)** DATE: **8/30/2002**

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

CR2E083 (9/01)