

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000013580

1. Entity Name

FABER DEVELOPMENT LLC

Principal Place of Business

20 NORTHWEST 3RD AVENUE
DEERFIELD BEACH FL 33441

Mailing Address

20 NORTHWEST 3RD AVENUE
DEERFIELD BEACH FL 33441

2. Principal Place of Business

20 NW 3rd Ave

3. Mailing Address

20 NW 3rd Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Deerfield Beach, Fla.

Zip

Country

Zip

Country

FLA 33441

USA

4. FEI Number

65-1129399

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHROEDER, MICHEAL A
2255 GLADES ROAD, SUITE 319 ATRIUM
ONE BOCA PLACE
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

SAME

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]

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

(NOTE: Registered Agent signature required when reinstating)

7/9/02
DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE: MANAGER
NAME: MIKE FABER
STREET ADDRESS: 20 N.W. 3 AVE
CITY-ST-ZIP: Deerfield Beach, Fla. 33441

☐ Delete

10. ADDITIONS/CHANGES

☐ Change ☐ Addition

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

☐ Delete

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

☐ Change ☐ Addition

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

☐ Delete

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

☐ Change ☐ Addition

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

☐ Delete

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NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

☐ Change ☐ Addition

TITLE: _____
NAME: _____
STREET ADDRESS: _____
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☐ Delete

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STREET ADDRESS: _____
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☐ Change ☐ Addition

TITLE: _____
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CITY-ST-ZIP: _____

☐ Delete

TITLE: _____
NAME: _____
STREET ADDRESS: _____
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:

[Signature]

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

7/11/02 (954) 428-0590
Date Daytime Phone #

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90371 028 ****50.00

9710322



DO NOT WRITE IN THIS SPACE

CR2E083 (4/02)