

FILED
Jul 04, 2002 8:00 am
Secretary of State

05-06-2002 90133 041 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000013798

1. Entity Name

FOR THE MOMENT, L.C.

Principal Place of Business

7098 BERACASA WAY
 BOCA RATON FL 33433
 US

Mailing Address

7098 BERACASA WAY
 BOCA RATON FL 33433
 US

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

65-1141894

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

LELAND-VAJDA, LESLIE
 7098 BERACASA WAY
 BOCA RATON FL 33433

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.

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 May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 MGR
 LELAND-VAJDA, LESLIE
 7098 BERACASA WAY
 BOCA RATON FL 33433 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 MGR
 VAJDA, ISHTVAN
 7098 BERACASA WAY
 BOCA RATON FL 33433 ☐ Delete

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

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☐ 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 638, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

CR2E083 (9/01)