

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000013988

1. Entity Name

BELLA VERDE, L.L.C.

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90210 012 ****50.00

05-22-2002 90232 033 ****50.00

Principal Place of Business

15340 JOG ROAD

SUITE 200

DELRAY BEACH FL 33484

Mailing Address

15340 JOG ROAD

SUITE 200

DELRAY BEACH FL 33484

2. Principal Place of Business

15340 JOG ROAD

Suite, Apt. #, etc.

Suite 100

City & State

Delray Beach FL

Zip

33446

Country

USA

3. Mailing Address

15340 JOG ROAD

Suite, Apt. #, etc.

Suite 100

City & State

Delray Beach FL

Zip

33446

Country

USA

4. FEI Number

30-0032437

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KORN GARY, ESQ.

20801 BISCAYNE BLVD.

AVENTURA FL 33180

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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CITY-ST-ZIP

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

Stephen F. Paocha

V P Bella Verde, Inc.

Date

Daytime Phone #

1-17-02 (561) 658-3600