

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0056901

DOCUMENT # L01000013988

1. Entity Name

BELLA VERDE, L.L.C.



FILED

2003 MAY -2 AM 8:58

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



✓ CHECK HERE IF MAKING CHANGES

Principal Place of Business

15340 JOG ROAD
SUITE 100
DELRAY BEACH FL 33484

Mailing Address

15340 JOG ROAD
SUITE 100
DELRAY BEACH FL 33484

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 30-0032437

Applied For

Not Applicable

Zip 33446

Country

Zip 33446

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM ☐ Delete
NAME BELLA VERDE INC
STREET ADDRESS 15340 JOG RD
CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
700017867257
05/02/03--01024--013 **50.00

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

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

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

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

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:

Stephen F. Pacocha
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/29/03

561 638-3600
Daytime Phone #

CR2E083 (10/02)