

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90238 020 \*\*\*\*50.00

**DOCUMENT # L01000014783**

1. Entity Name

**THE BELMONT AT BOYNTON BEACH, LLC**

Principal Place of Business

7025 BERACASA WAY SUITE 107  
 BOCA RATON FL 33433

Mailing Address

7025 BERACASA WAY SUITE 107  
 BOCA RATON FL 33433

010001

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

05-1133644

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BERDUGO, ELIE**  
 7025 BERACASA WAY SUITE 107  
 BOCA RATON FL 33433

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**

*Manager*

9. MANAGING MEMBERS/MANAGERS

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP  
**BERDUGO, ELIE**  
**7025 BERACASA WAY #107**  
**BOCA RATON FL 33433**

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME  Change  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:

*[Signature]*

4/1/02

501-365-0000

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

Date

Daytime Phone #

CR2E083 (9/01)