

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000015369

1. Entity Name

HARANDLIN - NORMANDY LLC

Principal Place of Business

3300 N. PORT ROYALE DRIVE
NO. 338
FT. LAUDERDALE FL 33308

Mailing Address

3300 N. PORT ROYALE DRIVE
NO. 338
FT. LAUDERDALE FL 33308

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

65-1149229

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHORE, ALLEN M
3300 N. PORT ROYALE DRIVE
NO. 338
FT. LAUDERDALE FL 33308

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	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	MANAGER MEMORIAL	3300 N. PORT ROYALE DR #338	FT LAUDERDALE FL 33308		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Allen M. Shore Pres.* *Allen M. Shore Pres.* *3/14/02* *9544444688*

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

Date

Daytime Phone #

FILED
May 01, 2002 8:00 am
Secretary of State

03-25-2002 90167 020 ****50.00



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)