2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR)					1/2	FILED Mar 18, 2002 8:00 am				
1. Entity Nan	MENT # LO1000 PITIES SSW, LLC	015559					eary of 2 90114 010 *		2	
7575 DR. PHILLIPS BLVD SUITE 170		Mailing Address 7575 DR. PHILLIPS BLVI ORLANDO FL 32819	7575 DR. PHILLIPS BLVD SUITE 170							
Suite, Apt.		Suite, Apt. #, etc.	DSS TOWN CROSTER BLYD uite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Stat		City & State OKLANIO	FL		4. FEIN	•umber -374727√	 	oplied For of Applicable	1	
Zip 3283		Zip 237	US				S5.00 Ad Fee Require			
	6. Name and Address of Current	Registered Agent —		_Name	- 7. Nam	e and Address of New Regi	stered Agent		- 	
ZGURA, SCOT 1528 HOFFNER AVENUE ORLANDO FL 32809				Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
				City	. ;		FL Zip Cod	е	†	
6. The above	named entity submits this statement for	or the purpose of changing i	ts registere	ed office or regis	tered agent,	or both, in the State of Florida	3,		1	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if annihabile	NE. Basiness	Sout 3	gun		-18-02		}	
	Organica de proceso de proceso de la composición del composición de la composición d	FILE N Make Check P	NOW!!! I	FEE IS \$50.0		¢.			 	
9.	MANAGING MEMBE	ERS/MANAGERS	10.			ADDITIONS/CH	ANGES 🎪			
TITLE NAME STREET ADORESS CITY-ST-ZIP	MEMBER - MANALING SCOT ZGULA 7575 DA. PHILLIPS ORLAND. FL 32		•				☐¶°Change	■ Addition	2E083 (9/01	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER HUDSON MCMULTAIE 7575 M. PHILLIPS DRLAND FL 328	PLESIDENT Delete		1			☐ Change	Addition	ජි	
TITLE NAME STREET ADDRESS	MEMBER VICE CARMEN ARIBAS 7575 DR. PHILLIPS-	President Delete					☐ Change	Addition		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DRUANDO FL 32819 MEMBER LANABURE ARIDAS 7575 DR. PHINLIPS A ORLANDO, FL 3281	ECASTAN Delete	TITLE NAME STREE				☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[] Delete					☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	☐ Addition		
indicated	certify that the information supplied with on this report is true and accurate and bility company or the receiver or trusted	that my signature shall have	e the same	legal effect as i	i made under	oath; that I am a managing	her certify that the in member or manage	formation of the		