

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90108 039 ****55.00

DOCUMENT # L01000016473

1. Entity Name

PROPCOR LLC

Principal Place of Business

**9800 GRAND VERDE WAY
 SUITE 401
 BOCA RATON FL 33428**

Mailing Address

**9800 GRAND VERDE WAY
 SUITE 401
 BOCA RATON FL 33428
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TRICON LLC
 9800 GRAND VERDE WAY
 SUITE 401
 BOCA RATON FL 33428**

Name

LAWRENCE REZNIK

Street Address (P.O. Box Number is Not Acceptable)

9800 GRAND VERDE WAY

SUITE #401

City

BOCA RATON

FL

Zip Code

33428

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

L. REZNIK

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/7/01

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 REZNIK, LAWRENCE
 9800 GRAND VERDE WAY #401
 BOCA RATON FL 33428** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MEMBER - MANAGER
 BARNEY P. REZNIK
 9160 RUTLEDGE AVE
 BOCA RATON FL 33** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGR
 WEST, ZAK
 10394 LAKE VISTA CIRCLE
 BOCA RATON FL 33498** ☒ Delete

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

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

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 stated 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 said liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

MANAGING MEMBER

1/7/02 (561) 2166892

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

Date

Daytime Phone #

CR2E083 (9/01)