

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 11, 2003 8:00 am**  
**Secretary of State**

08-11-2003 90103 012 \*\*\*\*\*50.00

**DOCUMENT # L01000016691**

1. Entity Name

**FOWLER ACQUISITION, LLC**



Principal Place of Business

**1500 SAN REMO AVE.  
SUITE #225  
CORAL GABLES FL 33146**

Mailing Address

**1500 SAN REMO AVE.  
SUITE #225  
CORAL GABLES FL 33146**

2. Principal Place of Business

**9155 S. DADELAND BLVD**

Suite, Apt. #, etc.

**Suite 1502**

City & State

**MIAMI, FL**

Zip

**33156**

Country

**USA**

3. Mailing Address

**9155 S. DADELAND BLVD**

Suite, Apt. #, etc.

**#1502**

City & State

**MIAMI, FL**

Zip

**33156**

Country

**USA**



☐ CHECK HERE IF MAKING CHANGES

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

**KTG&S REGISTERED AGENT CORPORATION  
100 S.E. 2ND ST., 28TH FLOOR  
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

**ROBERT RUBIN**

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

**9155 S. DADELAND BLVD**

**Suite 1502**

City

**MIAMI**

**FL**

Zip Code

**33156**

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**8-7-03**

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **RUBIN, ROBERT**  
STREET ADDRESS **1500 SAN REMO AVENUE SUITE #225**  
CITY-ST-ZIP **MIAMI FL 33146**

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 **9155 S. DADELAND BLVD, #1502**  
CITY-ST-ZIP **MIAMI, FL 33156**

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

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

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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:

**SIGNATURE REQUIRED**

**8/7/03**

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

Date

Daytime Phone #

CR2E083 (4/03)