

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

0050718

DOCUMENT # L01000017265

1. Entity Name

SOUTHPPOINT CONSTRUCTION, L.L.C.

03-24-2002 90038 048 *****50.00

Principal Place of Business

**500 THREE ISLAND BLVD., #705
 HALLANDALE BEACH FL 33309**

Mailing Address

**500 THREE ISLAND BLVD., #705
 HALLANDALE BEACH FL 33309**

933403

Zip Code is 33009

2. Principal Place of Business

500 Three ISLANDS BLVD

3. Mailing Address

500 Three ISLANDS BLVD

Suite, Apt. #, etc.

705

Suite, Apt. #, etc.

705



DO NOT WRITE IN THIS SPACE

City & State

Hallandale Beach - Florida

City & State

Hallandale Beach - Florida

Zip

33009

Country

U.S.A

Zip

33009

Country

USA

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HENNAN, BRUCE
 1401 E. BROWARD BLVD.
 SUITE 206
 FT. LAUDERDALE FL 33301**

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 **MGRM** ☐ Delete
 NAME **HAHN, JAMES M**
 STREET ADDRESS **500 THREE ISLAND BLVD., #705**
 CITY-ST-ZIP **HALLANDALE BEACH FL 33309**

TITLE **MGRM** ☒ Delete
 NAME **STANLEY, LARRY**
 STREET ADDRESS **500 THREE ISLAND BLVD., #705**
 CITY-ST-ZIP **HALLANDALE BEACH FL 33309**

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
 CITY-ST-ZIP

TITLE **MGRM** ☒ Change ☐ Addition
 NAME **PENNY HAHN**
 STREET ADDRESS **500 THREE ISLANDS BLVD #705**
 CITY-ST-ZIP **HALLANDALE BEACH FLORIDA 33009**

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

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

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

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)(l), 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

3-8-02

954-328-8831

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

Date

Daytime Phone #

CR2E083 (9/01)