

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90966 025 *****50.00

DOCUMENT # L01000017331

1. Entity Name

SANMAR, LLC

Principal Place of Business

**1737 NORTH UNIVERSITY DRIVE
 PLANTATION FL 33322**

Mailing Address

**1737 NORTH UNIVERSITY DRIVE
 PLANTATION FL 33322**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

13712 NW 23rd Court

Suite, Apt. #, etc.

City & State

City & State

Sunrise FL

Zip

Country

Zip

Country

33323

US

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

**MIAMI CENTER REGISTERED AGENTS, LLC
 201 S. BISCAYNE BLVD.
 SUITE 1700
 MIAMI FL 33131**

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 ☐ Delete
Managing Director
 Sandra Zimmerman
 STREET ADDRESS
 13712 NW 23rd Court
 CITY-ST-ZIP
 Sunrise FL 33323

TITLE NAME ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE NAME ☐ 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: *Sandra Zimmerman*

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

3/25/02 954-846-8628

Date

Daytime Phone #

CR2E083 (9/01)