

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90575 016 \*\*\*\*50.00

**DOCUMENT # L01000017532**

1. Entity Name

**FINANCIAL EDUCATION SERVICES GROUP, LLC**



Principal Place of Business

**11037 HARBOUR SPRINGS CIRCLE  
BOCA RATON FL 33428**

Mailing Address

**11037 HARBOUR SPRINGS CIRCLE  
BOCA RATON FL 33428**

2. Principal Place of Business

**5936 NW 54<sup>TH</sup> CIRCLE**

3. Mailing Address

**5936 NW 54<sup>TH</sup> CIRCLE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**CORAL SPRINGS FL**

City & State

**CORAL SPRINGS FL**

Zip

**33067**

Country

**USA**

Zip

**33067**

Country

**USA**

4. FEI Number **65-1143380**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145**

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. 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)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **DEROSE, RICHARD J**  
STREET ADDRESS **11037 HARBOUR SPRINGS CIRCLE**  
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **5936 NW 54<sup>TH</sup> CIRCLE**  
CITY-ST-ZIP **CORAL SPRINGS FL 33067**

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

TITLE ☐ Change ☐ Addition  
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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:

**RICHARD J DEROSE**

01-10-2003

954-227-1423

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

Date

Daytime Phone #

CR2E083 (10/02)