

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

0014059

DOCUMENT # L01000017823

1. Entity Name
DUHEEO, L.L.C.

03-14-2002 90414 001 ****50.00
 03-14-2002 90414 002 *****5.00

| | |
|---|---|
| Principal Place of Business 318 INDIAN TRACE, #317 WESTON FL 33327 | Mailing Address 318 INDIAN TRACE, #317 WESTON FL 33327 |
|---|---|



DO NOT WRITE IN THIS SPACE

~~2. Principal Place of Business~~ ~~3. Mailing Address~~

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **651145662** Applied For
 Not Applicable

Zip Country Zip Country

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

**AUSTIN, C. RANDALL ESQ.
 600 NORTH PINE ISLAND ROAD, SUITE 450
 FORT LAUDERDALE FL 33324**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|---|---------------------------------|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| MGR SILVA, VICTOR 318 INDIAN TRACE, #317 WESTON FL 33327 | <input type="checkbox"/> | | <input type="checkbox"/> |
| | <input type="checkbox"/> | | <input type="checkbox"/> |
| | <input type="checkbox"/> | | <input type="checkbox"/> |
| | <input type="checkbox"/> | | <input type="checkbox"/> |
| | <input type="checkbox"/> | | <input type="checkbox"/> |
| | <input type="checkbox"/> | | <input type="checkbox"/> |

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: 1/MAR/2002 954 217 9920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)