

# 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**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

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

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

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

## 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  
 STREET ADDRESS  
 CITY-ST-ZIP

**MGR**  
**SILVA, VICTOR**  
**318 INDIAN TRACE, #317**  
**WESTON FL 33327**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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## 10. ADDITIONS / CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

**1/MAR/2002 954 217 9920**

CR2E083 (9/01)