

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L01000018347**

1. Entity Name

CONSOLIDATED RESOURCES OF SOUTH FLORIDA, L.L.C.

Principal Place of Business

**5119 SUFFOLK DR
BOCA RATON FL 33496**

Mailing Address

**5119 SUFFOLK DR
BOCA RATON FL 33496**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

27-0006760

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JOSHI, JAYANT
5119 SUFFOLK DR
BOCA RATON FL 33496-1641**

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	JOSHI, JAYANT	
STREET ADDRESS	5119 SUFFOLK DR	
CITY-ST-ZIP	BOCA RATON FL 33496-1641	

TITLE	MGRM	☐ Delete
NAME	D SHARMA MD PA PROFIT SHARING	
STREET ADDRESS	927 SELMA RD	
CITY-ST-ZIP	SMITHFIELD NC 27577	

TITLE	MGRM	☐ Delete
NAME	DESAI, APURVA	
STREET ADDRESS	5119 SUFFOLK DR	
CITY-ST-ZIP	BOCA RATON FL 33496-1641	

TITLE	MGRM	☐ Delete
NAME	SHARMA, DAVENDRA	
STREET ADDRESS	5525 N MILITARY TR	
CITY-ST-ZIP	BOCA RATON FL 33446	

TITLE	MGRM	☐ Delete
NAME	PANDYA, ABHI	
STREET ADDRESS	9260 GETTYSBURG RD	
CITY-ST-ZIP	BOCA RATON FL 33434	

TITLE	MGRM	☐ Delete
NAME	DESAI, MEHUL	
STREET ADDRESS	5119 SUFFOLK DR	
CITY-ST-ZIP	BOCA RATON FL 33496-1641	

10. ADDITIONS/CHANGES

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

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

TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
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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)(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 #

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-22-2002 90203 046 ****50.00



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)

4/30/02**754-520-4306**