

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91462 003 ****55.00

DOCUMENT # L01000018636

1. Entity Name

CENETEC VENTURES, L.L.C.

Principal Place of Business

4950 COMMUNICATION AVE., STE. 900
 BOCA RATON FL 33431

Mailing Address

4950 COMMUNICATION AVE., STE. 900
 BOCA RATON FL 33431

2. Principal Place of Business

8000 N. Federal Hwy.

Suite, Apt. #, etc.

Third Floor

City & State
 Boca Raton, FL

Zip
 33487

Country
 USA

3. Mailing Address

8000 N. Federal Hwy.

Suite, Apt. #, etc.

Third Floor

City & State
 Boca Raton, FL

Zip
 33487

Country
 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1149610

Applied For

Not Applicable

5. Certificate of Status Desired

☒ Additional

\$5.00 Fee Required

6. Name and Address of Current Registered Agent

HAMILTON, REBECCA L
 301 YAMATO RD., STE. 4150
 BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name
 Rebecca Hamilton, Sachs, Sax & Klein, PA

Street Address (P.O. Box Number is Not Acceptable)

301 Yamato Road

Northern Trust Plaza, Suite 4150

City

Boca Raton,

FL

Zip Code

33431

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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Scott Adams 8000 N. Federal Hwy., Third Floor Boca Raton, FL 33487	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Joseph W. Veccia 8000 N. Federal Hwy., Third Floor Boca Raton, FL 33487	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Greg Cryan 8000 N. Federal Hwy., Third Floor Boca Raton, FL 33487	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM James M. Vandevere 8000 N. Federal Hwy., Third Floor Boca Raton, FL 33487	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Richard Ford 8000 N. Federal Hwy., Third Floor Boca Raton, FL 33487	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 #

4-18-02

561-953-5200

CR2E083 (9/01)