

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 23, 2004 8:00 am
Secretary of State

03-23-2004 90070 014 *****50.00

DOCUMENT # **L01000019218**

1. Entity Name **FALCON ENTERPRISE LLC**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4141 N.W. 5th STREET

Suite, Apt. #, etc.
100

3. Mailing Address
4141 N.W. 5th STREET

Suite, Apt. #, etc.
100

City & State
PLANTATION

Zip
33317

Country

City & State
PLANTATION

Zip
33317

Country

4. FEI Number
56-1155657

Applied For
Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CECIL D'AGUILAR

Street Address (P.O. Box Number is Not Acceptable)
4141 N.W. 5th STREET Suite 100

City & State
PLANTATION FL Zip Code
33317

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

DATE _____

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MEMBER/GENERAL MANAGER
NERINE (ISF) TRUST CECIL D'AGUILAR
4141 N.W. 5th STREET Suite 100
PLANTATION FLORIDA 33317**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MEMBER
Paula S D'AGUILAR
4141 N.W. 5th STREET Suite 100
PLANTATION FLORIDA 33317**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MEMBER
CARDINAL CONFIDENTIAL LLC
4141 N.W. 5th STREET Suite 100
PLANTATION FL 33317**

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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: **Cecil D'Aguiar** **CECIL D'AGUILAR**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-8-04
Date Daytime Phone #

CR2E083B (12/02)