

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L01000019327**1. Entity Name
OLD TRAIL 24 LLC

✓

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

08-19-2002 90139 024 ****50.00

975490



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1200 SOUTHEAST RANCH ROAD
JUPITER FL 33478Mailing Address
1200 SOUTHEAST RANCH ROAD
JUPITER FL 33478

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

02-0549075

Applied For

Not Applicable

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****AXMAN, MICHAEL B**
2601 S. BAYSHORE DR., STE. 1600
MIAMI FL 33133

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. I am familiar with, and accept the obligations of registered agent.

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 September 25, 2002**9. MANAGING MEMBERS / MANAGERS****10. ADDITIONS / CHANGES**TITLE **MGRM** ☐ Delete
NAME **PHAL, CATHERINE**
STREET ADDRESS **1200 SOUTHEAST RANCH ROAD**
CITY-ST-ZIP **JUPITER FL 33478**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **MGRM** ☐ Delete
NAME **PHAL, NORBERT**
STREET ADDRESS **1200 SOUTHEAST RANCH ROAD**
CITY-ST-ZIP **JUPITER FL 33478**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **MGRM** ☐ Delete
NAME **NPA INDUSTRIE CORPORATION**
STREET ADDRESS **1200 SOUTHEAST RANCH ROAD**
CITY-ST-ZIP **JUPITER FL 33478**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ 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:**CATHERINE PHAL**

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

Date

08/12/02 (561) 746 8959

Daytime Phone #

CR2E083 (4/02)