

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90062 020 ****50.00

DOCUMENT # L01000019799

1. Entity Name

BECK GROUP OF STUART, LLC



Principal Place of Business

**2300 CORPORATE BLVD., NW, SUITE 232
BOCA RATON FL 33431**

Mailing Address

**2300 CORPORATE BLVD., NW, SUITE 232
BOCA RATON FL 33431**

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

01-0664672

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**GLAZER, ERIC L ESQ.
2300 CORPORATE BLVD., NW, SUITE 232
BOCA RATON FL 33431**

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. 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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
BECK, LOUIS S
2300 CORPORATE BLVD NW #232
BOCA RATON FL 33431**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
GROEF, JEFFREY A. GRAEF
2300 CORPORATE BLVD NW #232
BOCA RATON FL 33431**

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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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 of 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 #

1/6/03

561-997-2325

CR2E083 (10/02)