

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L01000020533**

1. Entity Name

RUMPH UNITED PROPERTIES L.L.C.**FILED****02 OCT 28 AM 11:49****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**740 SW 10TH ST
BELLE GLADE FL 33430**

Mailing Address

**740 SW 10TH ST
BELLE GLADE FL 33430**

2. Principal Place of Business

429 S. E. 2nd St,

3. Mailing Address

P. O. Box 228

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Belle Glade, Fl.

City & State

Belle Glade, Fl.

Zip

33430

Country

USA

Zip

33430

Country

Palm Beach

4. FEI Number

65-1153012

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

**RUMPH, RODNEY S
7527 SW 164TH COURT
MIAMI FL 33193**

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)

24 Sep 02

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Beatrice K. Rumph 740 S. W. 10th St. Belle Glade, Fl. 33430 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Sonya Rumph 308 N. W. 10th St. #107 Belle Glade, Fl. 33430 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Ksrla R. Davis 308 N. W. Ave F #3 Belle Glade, Fl. 33430 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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, 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 REQUIRED

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

Date

Daytime Phone #

CR2E083 (4/02)