

# 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,  
Suite, Apt. #, etc.

3. Mailing Address  
P. O. Box 228  
Suite, Apt. #, etc.

City & State  
Belle Glade, Fl.

City & State  
Belle Glade, Fl.

Zip Country  
33430 USA

Zip Country  
33430 Palm Beach

4. FEI Number  
65-1153012

Applied For  
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

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 *Rodney S. Rumph* **Rodney S. Rumph** *24 Sep 02*  
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

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	Member Sonya Rumph 308 N. W. 10th St. #107 Belle Glade, Fl. 33430 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Ksrira 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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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, 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: *Rodney S. Rumph* **SIGNATURE REQUIRED**

*10-15-02*  
Date Daytime Phone #

CR2E083 (4/02)