

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 02, 2002 8:00 am**  
**Secretary of State**

09-02-2002 90047 005 \*\*\*\*50.00

**DOCUMENT # L01000021509**

1. Entity Name

**CAMARDA LAND HOLDINGS, L.L.C.**

Principal Place of Business

Mailing Address

**405 S. RIVERSIDE DRIVE  
POMPANO BEACH FL 33062**

**405 S. RIVERSIDE DRIVE  
POMPANO BEACH FL 33062**

**977146**

2. Principal Place of Business

3. Mailing Address

**4701 S. Indian River DR.**  
Suite, Apt. #, etc.

**4701 S. Indian River Dr.**  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

**Fort Pierce FL**

**Fort Pierce FL**

4. FEI Number

**94-3415499**

Applied For

Not Applicable

Zip  
**34982**

Country  
**USA**

Zip  
**34982**

Country  
**USA**

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

**CAMARDA, FRANK C  
405 S. RIVERSIDE DRIVE  
POMPANO BEACH FL 33062**

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

*Frank Camarda, Frank Camarda*

**8/15/02**

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

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
CAMARDA, FRANK C  
405 S. RIVERSIDE DRIVE  
POMPANO BEACH FL 33062** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**4701 S. Indian River Drive  
Fort Pierce FL 34982** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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. 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:

*Frank Camarda*

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

**8/27/02 954-562-9127**

Date

Daytime Phone #

CR2E083 (4/02)