

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90588 018 ****50.00

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L01000022511**
1. Entity Name **FRED C. WEISBERG, LLC**

DO NOT WRITE IN THIS SPACE

957833

2. Principal Place of Business
Suite, Apt. #, etc. **A-106**
City & State **Fort Lauderdale FL**
Zip **33351** Country **USA**

3. Mailing Address
Suite, Apt. #, etc.
City & State **SAME**
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
☒ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name **LEVINE & SEGAL, P.A.**

Street Address (P.O. Box Number is Not Acceptable)
SUITE A-106

4300 N. UNIVERSITY DRIVE

City **FT LAUDERDALE FL** Zip Code **33351**

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.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FRED C. WEISBERG SUITE A-106 4300 N. UNIVERSITY FT LAUDERDALE FL 33351 DRIVE
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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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **FRED C. WEISBERG**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date:

Daytime Phone #

4/27/02 **954 - 749-6700**

CR2E083B (12/01)