

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

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90007 038 \*\*\*\*50.00

**DOCUMENT # L02000000149**

1. Entity Name

**CD-TOURS, LLC**



Principal Place of Business

**9607 TRITON CT.  
BOCA RATON FL 33434**

Mailing Address

**9607 TRITON CT.  
BOCA RATON FL 33434**

20092552



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**30-0005162**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145**

Name

**RONALD J. JEFFERY**

Street Address (P.O. Box Number is Not Acceptable)

**9607 TRITON COURT**

City

**BOCA RATON**

**FL**

Zip Code

**33434**

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)

**1/8/03**

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
	<b>MGR</b>		
	<b>JEFFERY, RONALD J</b>		
	<b>9607 TRITON CT.</b>		
	<b>BOCA RATON FL 33434</b>		
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
	<b>MGR</b>		<b>MGRM</b>
	<b>CORDOBA, JAMES R</b>		<b>CORDOBA, JAMES R</b>
	<b>9607 TRITON CT.</b>		<b>7045 NW 40th COURT</b>
	<b>BOCA RATON FL 33434</b>		<b>CORAL SPRINGS, FL 33065</b>
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
			<b>MGRM</b>
			<b>LANGE, ROBERT A</b>
			<b>3000 NE 48th COURT #401</b>
			<b>LIGHTHOUSE POINT, FL 33064</b>
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
			<b>MGRM</b>
			<b>JEFFERY, SHERRI L</b>
			<b>9607 TRITON COURT</b>
			<b>BOCA RATON, FL 33434</b>
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E083 (10/02)

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:** **REQUIRED**

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

**1/8/03**

Date

**(561) 213-0785**

Daytime Phone #