

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

**FILED**  
**Mar 14, 2003 8:00 am**  
**Secretary of State**

03-14-2003 90005 023 \*\*\*\*55.00

**DOCUMENT # L02000001357**

1. Entity Name

**THE HORIZONTAL WAY TO VISIT THE 21ST CENTURY, L.  
L.C.**



Principal Place of Business

**407 LINCOLN ROAD  
SUITE 2A  
MIAMI BEACH FL 33139**

Mailing Address

**407 LINCOLN ROAD  
SUITE 2A  
MIAMI BEACH FL 33139**

2. Principal Place of Business

**550 11<sup>th</sup> STREET  
SUITE 111**

3. Mailing Address

**4116 BATHURST STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI BEACH FL**

City & State

**NORTH YORK ON**

Zip

**33139**

Country

**USA**

Zip

**M3H3P2**

Country

**CANADA**

4. FEI Number

**04-3600616**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**STRATTON, DOUGLAS D  
407 LINCOLN ROAD  
SUITE 2A  
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

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)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **SHEPELL, WARREN**  
STREET ADDRESS **407 LINCOLN ROAD**  
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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:**

**SIGNATURE REQUIRED**

*Dr W E Shepell*

*Feb 25/03*

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

Date

Daytime Phone #

CR2F0R3 (10/02)