

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90130 029 ****50.00

DOCUMENT # L02000001783

1. Entity Name

NORTH VICTORIA PARK, LLC



Principal Place of Business

**C/O JOEL R. LAVENDER. ESO.
507 SE 11TH CT
FT LAUDERDALE FL 33316**

Mailing Address

**C/O JOEL R. LAVENDER. ESO.
507 SE 11TH CT
FT LAUDERDALE FL 33316**

2. Principal Place of Business

2469 POINCIANA COURT

3. Mailing Address

2469 POINCIANA COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WESTON FL.

City & State

WESTON FL.

Zip

33327

Country

USA

Zip

33327

Country

USA

4. FEI Number

02-0545299

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

**LAVENDER, JOEL R ESO
507 SE 11TH CT
FT LAUDERDALE FL 33316**

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 **MGRM** ☐ Delete
NAME **RODRIGUEZ, GARLAND**
STREET ADDRESS **507 SE 11TH CT**
CITY-ST-ZIP **FT LAUDERDALE FL 33316**

TITLE **MGRM** ☐ Delete
NAME **FERNANDEZ, MANUEL**
STREET ADDRESS **507 SE 11TH CT**
CITY-ST-ZIP **FT LAUDERDALE FL 33316**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **D-MGR.** ☒ Change ☐ Addition
NAME **RODRIGUEZ, GARLAND**
STREET ADDRESS **380 N.W. 110 AVE.**
CITY-ST-ZIP **PLANTATION, FL. 33324**

TITLE **D-MGR.** ☒ Change ☐ Addition
NAME **FERNANDEZ, MANUEL**
STREET ADDRESS **2469 POINCIANA COURT**
CITY-ST-ZIP **WESTON FL. 33327**

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

TITLE ☐ Change ☐ Addition
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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~~ MANUEL FERNANDEZ 1-23-02 954-389-3587

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

Date

Daytime Phone #

CR2E083 (10/02)