

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90697 046 ****50.00

DOCUMENT # L02000001826

1. Entity Name

JUPITER TREE HOLDINGS, L.L.C.



Principal Place of Business

Mailing Address

~~200 SE 6TH ST~~

~~#603~~

~~FT LAUDERDALE FL 33301~~

~~200 SE 6TH ST~~

~~#603~~

~~FT LAUDERDALE FL 33301~~

2. Principal Place of Business

3. Mailing Address

3333 NO. UNIVERSITY DR 3333 NO UNIVERSITY DR

Suite, Apt. #, etc.

A

Suite, Apt. #, etc.

A

City & State

DAVIE FL

City & State

DAVIE FL

4. FEI Number

02-0538350

Applied For

Not Applicable

Zip

33024

Country

BROWARD

Zip

33024

Country

BROWARD

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

VENTIERA, JOHN
200 SE 6TH ST
FT LAUDERDALE FL 33301

Name

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

3333 NO UNIVERSITY DR

City

DAVIE

FL

Zip Code

33024

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] CPA

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

(NOTE: Registered Agent signature required when reinstating)

4-30-03

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MITCHELL, DOUG
200 SE 6TH ST #603
FT LAUDERDALE FL 33301 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MITCHELL, DOUG
3333 N UNIVERSITY DR
DAVIE FL 33024 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
VENTIERA, JOHN
200 SE 6TH ST #603
FT LAUDERDALE FL 33301 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
VENTIERA
3333 NO UNIVERSITY DR
DAVIE FL 33024 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ALTCHER, IRA
3333 N UNIVERSITY DR
DAVIE FL 33024 ☐ 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
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:

[Signature] REQUIRED CPA

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

4/30/03

Date

954 499 4440

Daytime Phone #

CR2E083 (10/02)