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

## DOCUMENT # L0200003471

1. Entity Name



## FILED Mar 25, 2003 8:00 am Secretary of State 03-25-2003 90052 008 \*\*\*\*50.00

| FOSTER JO  | OSEPH SCOTT, JR., L.C.   | 03-23-2  | ,003 70032 000  | 5(   | 7.00  |                               |                             |
|--|--|--|---|--|---|-------------------------------|-----------------------------|
| Principal Place  | e of Business  | Mailing Address  | <u> </u>  |  |   |                               |                             |
| 12394 S.W. 82 AVE.   |  | 12394 S.W. 82 AVE.<br>MIAMI FL 33156   |   | ( 1881) AN BRISE NAME AND STATE OF STATE AND STATE OF STATE AND STATE OF STATE AND STATE OF S |   | 162 <b>616</b> 18 <b>48 8</b> | ER) (  ET) (##)             |
| 2. Principal Place of Business                             |  | 3. Mailing Address<br>P.O. BOY SUS 087   |   |  |   |                               |                             |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  MIAMI FLORICA   |   | CHECK HERE IF MAKING CHANGES   |   |                               |                             |
| City & State   |  | City & State   |   | 4. FEI Number  | 38-0664                                       |                               | pplied For<br>ot Applicable |
| Zip  | Country  | Zip 2 O _  | Country<br>USA.   | 5. Certificate of Status Desir   | od 157 \$5                                    | .00 Add                       | litional                    |
| <u> </u>   |  | 33250  | 054.  | 7. Name and Address of N   | - гес   | Require                       | d                           |
|  | 6. Name and Address of Current   | Registered Agent   | Name  | 7. Name and Address of the   | on riegiotorea rige                           |                               |                             |
| BEND   | DER, HARRY K<br>DER, BENDER & CHANDLER, P.A.   |  | Street Addres   | treet Address (P.O. Box Number is Not Acceptable)  |   |                               |                             |
| 5915 PONCE DE LEON BLVD., STE. 60<br>CORAL GABLES FL 33146 |  | )  |   |  |   |                               |                             |
|  | •  |  | City  |  | FL  | Zip Cod                       |                             |
| the obligati   | named entity submits this statement for<br>ons of registered agent.  Signature, typed or printed name of registered agent a        |  | registered office or regis  |  | DATE  | iliar with,                   | and accept                  |
|  | Signature, types of printed harrie or register to agoing   |  | W!!! FEE IS \$50.0  |  |   |                               |                             |
|  |  | Make Check Payabl  |   |  |   |                               |                             |
| 9.   | MANAGING MEMBE   | RS/MANAGERS  | 10.   | ADDITIO  | ONS/CHANGES                                   |                               |                             |
| TITLE NAME STREET ADDRESS                                  | MGR<br>SCOTT, FOSTER JOSEPH JR.<br>12394 S.W. 82 AVE.  | ☐ Delete   | TITLE NAME STREET ADDRESS   |  |   | ] Change                      | Addition \                  |
| CITY-ST-ZIP  | MIAMI FL 33156   |  | CITY-ST-ZIP   |  |   | Change                        | ☐ Addition                  |
| TITLE<br>NAME<br>STREET ADDRESS                            | Santa Sa                     | ☐ Delete   | TITLE NAME STREET ADDRESS   | entry, of your sign of   |   | j Unange                      | Acumon                      |
| CITY-ST-ZIP TITLE  |  | Delete   | TITLE NAME  |  | , [   | ] Change                      | Addition                    |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      |  |  | STREET ADDRESS<br>CITY-ST-ZIP   |  |   |                               |                             |
| 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                  |
|  | Dertify that the information supplied with<br>on this report is true and accurate and<br>sbility company or the receiver or truste | n this filing does not qualify fo<br>that my signature shall have<br>e empowered to execute this | the exemption stated in<br>the same legal effect as<br>report as required by Cl | n Section 119.07(3)(i), Florida Stati<br>if made under oath; that I am a n<br>napter 608, Florida Statutes.  | utes. I further certify<br>nanaging member of | that the i                    | information<br>er of the    |