

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

DOCUMENT# L02000006316

1. Entity Name

CHRISTIAN FAMILY, L.L.C.

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

05-05-2003 92166 029 ****50.00

Principal Place of Business

Mailing Address

2601 NE 7TH TER #1

2601 NE 7TH TER #1

POMPANO BEACH FL 33064

POMPANO BEACH FL 33064

2. Principal Place of Business

4987 NE 14th AVE

3. Mailing Address

4987 NE 14th AVE

Suite Apt. #, etc.

Suite Apt. #, etc.

City & State

POMPANO BEACH, FL

City & State

POMPANO BEACH, FL

4. FEI Number

71-0870905

Applied For

Not Applicable

Zip

33064

Country

Zip

33064

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAX HOUSE CORPORATION

3929 N FEDERAL HWY

POMPANO BEACH, FL 33064

Name

OSNI PEREIRA

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

4987 NE 14th AVE

City

POMPANO BEACH

FL

Zip Code

33064

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.

OSNI PEREIRA

04/30/03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW! FEE IS \$50.00

Make Check Payable to Department of State

Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

| | | | | | |
|----------------|-----------------------------|--|----------------|-----------------------------|--|
| TITLE | MGRM | <input type="checkbox"/> Delete | TITLE | MGRM | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PAULA PEREIRA, OSNI ANTONIO | | NAME | PAULA PEREIRA, OSNI ANTONIO | |
| STREET ADDRESS | 2601 NE 7TH TER #1 | | STREET ADDRESS | 4987 NE 14th AVE | |
| CITY-ST-ZIP | POMPANO BEACH FL 33064 | | CITY-ST-ZIP | POMPANO BEACH FL 33064 | |
| TITLE | MGRM | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CALLEJAS, RENE A | | NAME | | |
| STREET ADDRESS | 2600 NE 7TH TER #1 | | STREET ADDRESS | | |
| CITY-ST-ZIP | POMPANO BEACH FL 33064 | | CITY-ST-ZIP | | |
| TITLE | MGRM | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RODRIGUES, AIRTON R | | NAME | | |
| STREET ADDRESS | 175 NW 68TH STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33309 | | CITY-ST-ZIP | | |
| TITLE | MGRM | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JACINTO SA, ORMI | | NAME | | |
| STREET ADDRESS | 5450 B LAKEWOOD SOUTH CIR S | | STREET ADDRESS | | |
| CITY-ST-ZIP | MARGATE FL 33063 | | CITY-ST-ZIP | | |
| TITLE | MGRM | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PAULO COSTA, LUIZ | | NAME | | |
| STREET ADDRESS | 5710 LAKESIDE DRIVE #719 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MARGATE FL 33063 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath: that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 N changed or on an attachment with an address with another like empowered.

SIGNATURE: 

OSNI PEREIRA

04/30/03

(954) 600-6263

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

Date

Daytime Phone #