

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

1/17/2003-90214-034-\$50.00-\$50.00

03 FEB 24 AM 9:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000007002

1. Entity Name

BUCKINGHAM PLACE LLC



Principal Place of Business

1845 GARFIELD STREET  
HOLLYWOOD FL 33020

Mailing Address

1845 GARFIELD STREET  
HOLLYWOOD FL 33020

2. Principal Place of Business

1845 GARFIELD ST  
Suite, Apt. #, etc.

3. Mailing Address

1845 GARFIELD ST  
Suite, Apt. #, etc.

City & State

HOLLYWOOD

City & State

HOLLYWOOD

4. FEI Number

68-0495967

Applied For

Not Applicable

Zip

33020

Country

BROWARD

Zip

33020

Country

BROWARD

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SOOKOO, VEJAIANAN  
1845 GARFIELD STREET  
HOLLYWOOD FL 33020

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 ADMINISTRATOR/ MEMBER ☐ Delete  
NAME ANN WYSE SOOKOO  
STREET ADDRESS 1845 GARFIELD ST  
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE FINANCIAL OFFICER/ MEMBER ☐ Delete  
NAME VEJAIANAN SOOKOO  
STREET ADDRESS 1845 GARFIELD ST  
CITY-ST-ZIP HOLLYWOOD FL 33020

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

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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CITY-ST-ZIP

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

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 SOOKOO.

01-07-03

954 921 1819

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

Date

Daytime Phone #

CR2E083 (10/02)