

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000011896

1. Entity Name  
CUROXIX, LC



FILED  
03 APR 18 AM 8:55  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJM

Principal Place of Business  
255 N.E. 6TH AVENUE  
DELRAY BEACH FL 33483

Mailing Address  
255 N.E. 6TH AVENUE  
DELRAY BEACH FL 33483

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEE Number

EXEMPT

Applied For

☒ Not Applicable

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

SMITHER, ROBERT M JR.  
255 N.E. 6TH AVENUE  
DELRAY BEACH FL 33483

Name

WINTZER, WILLIAM R.

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

255 NE 6TH AVE

City

DELRAY BEACH

FL

Zip Code

33483

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

*William R. Wintzer*

WILLIAM R. WINTZER MGR

4/14/03

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

10. ADDITIONS/CHANGES

TITLE MGR  
NAME GOODKAR, KIMBERLY A. ☐ Delete  
STREET ADDRESS 125 LA POSTA RD  
CITY-ST-ZIP TAOS, NM 87571  
~~DELRAY BEACH, FL 33483~~

TITLE ☐ Change ☐ Addition  
NAME 200016238322  
STREET ADDRESS 04/18/03--01021--014 \*\*\$0.00  
CITY-ST-ZIP

TITLE MGR  
NAME SAN MARTIN, MARTA ☐ Delete  
STREET ADDRESS 255 NE 6TH AVE  
CITY-ST-ZIP DELRAY BEACH, FL 33483

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

TITLE MGR  
NAME WINTZER, WILLIAM R. ☐ Delete  
STREET ADDRESS 255 NE 6TH AVE  
CITY-ST-ZIP DELRAY BEACH, FL 33483

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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:

*WILLIAM R. WINTZER* R. WINTZER 4/14/03 (561) 243-2400

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

Date

Daytime Phone #

CR2E083 (10/02)

0032141