

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 06, 2003 8:00 am**  
**Secretary of State**

01-06-2003 90131 020 \*\*\*\*55.00

**DOCUMENT # L02000012839**

1. Entity Name

**BETHAL, LLC**



Principal Place of Business

**3325 SOUTH UNIVERSITY DRIVE, SUITE 200  
DAVIE FL 33328**

Mailing Address

**3325 SOUTH UNIVERSITY DRIVE, SUITE 200  
DAVIE FL 33328**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**82-0555760**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOOD, RICHARD A  
100 S.E. 2ND STREET, 17TH FLOOR  
MIAMI FL 33131**

Name

**ALAN H. GROSS**

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

**3325 S. UNIVERSITY DRIVE, Ste. 200**

City

**DAVIE**

**FL**

Zip Code

**33328**

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

*Alan H. Gross*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-2-03**

**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 **MANAGER** ☐ Delete  
NAME **ALAN GROSS**  
STREET ADDRESS **2483 Provence Circle**  
CITY-ST-ZIP **Weston, FL 33327**

TITLE **CO-MANAGER** ☐ Change ☒ Addition  
NAME **Beth GROSS**  
STREET ADDRESS **2483 Provence Circle**  
CITY-ST-ZIP **Weston, FL 33327**

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

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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:

*Alan H. Gross*

**SIGNATURE REQUIRED**

**1-2-03**

**954 475-7784**

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

Date

Daytime Phone #

CR2E083 (10/02)