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

## **FILED** Apr 08, 2003 8:00 am Secretary of State

3/1

DOCUMENT # LO2000013174  1. Entity Name  DAVID BARUCH AND ASSOCIATES, L.L.C.				03-18-2003 90153 033 ****50.00	
Principal Plac	e of Business	Mailing Address	- <del></del>	7	
4500 N.W. INVERRARY BLVD. LAUDERHILL FL 33319		4500 N.W. INVERRARY BLVD. LAUDERHILL FL 33319		i adamen en stane fiku atii keri teri) teri berek steb (het het) keri keri kan	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	_
City & State		City & State		4. FEI Number   Applied For   Not Applicable	]
Zip	Country	Zip	Country	Certificate of Status Desired	
	6. Name and Address of Curren	Registered Agent	- Name	7. Name and Address of New Registered Agent	┨
STEVEN LANDER, P.A. 315 S.E. 7TH ST., 1ST FLOOR			Street Address	s (P.O. Box Number is Not Acceptable)	
FORT LAUDERDALE FL 33301					
		City	FL Zip Code	1	
	named entity submits this statement fions of registered agent.	or the purpose of changing its	s registered office or regist	tered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE .	Signature, typed or printed name of registered agen	and title if applicable. (NOT	E. Registered Agent signature requi	red when reinstating) DATE	
			OW!!!" FEE IS \$50.00		1
		Make Check Payab	le to Florida Departm e By May 1, 2003		
			10.	ADDITIONS/CHANGES	ı
9.	MANAGING MEMB	ERS/MANAGERS			
TITLE	MGR	ERS/MANAGERS	TITLE NAME	Change Addition	000
	MGR BARUCH, DAVID		TITLE NAME STREET ADDRESS		(40/00)
TITLE NAME	MGR	□ Defete	NAME		DE082 (40/00)
TITLE NAME STREET ADDRESS	MGR BARUCH, DAVID 4500 N.W. INVERRARY BLVD.		NAME Street address		CD2E082 /10/02
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGR BARUCH, DAVID 4500 N.W. INVERRARY BLVD.	□ Defete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	☐ Change ☐ Addition	CDOECOS 140/00)
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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 eath; that I am a managing member or manager of the limited liability company or the repeiver on trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED MAME OF SEGNING MANAGEN MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE