

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0007969

DOCUMENT # L02000016275

1. Entity Name

WELP DALLAS, L.C.



FILED
03 APR -2 AM 7:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

Principal Place of Business

C/O ESTEIN & ASSOCIATES USA. LTD.
5211 INTERNATIONAL DRIVE
ORLANDO FL 32819

Mailing Address

C/O ESTEIN & ASSOCIATES USA. LTD.
5211 INTERNATIONAL DRIVE
ORLANDO FL 32819

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

04-3704160

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

VEGOSEN, DEAN
C/O BOOSE CASEY CIKLIN LUBITZ MARTENS
515 NORTH FLAGLER DRIVE, 18TH FLOOR
WEST PALM BEACH FL 33401

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 MGR
NAME ESTEIN'S, LOTHAR
STREET ADDRESS C/O 5211 INTERNATIONAL DRIVE
CITY-ST-ZIP ORLANDO FL 32819

☐ Delete

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10. ADDITIONS/CHANGES

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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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 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:

LOTHAR ESTEIN REQUIRED ESTEIN

03/28/03

407 354 3307

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

Date

Daytime Phone #

CR2E083 (10/02)