

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90038 022 ****50.00

DOCUMENT # L02000016753

1. Entity Name

WAGNER SQUARE, LLC



Principal Place of Business

**ONE BISCAYNE TOWER
2 S. BISCAYNE BLVD., SUITE 3400
MIAMI FL 33131**

Mailing Address

**ONE BISCAYNE TOWER
2 S. BISCAYNE BLVD., SUITE 3400
MIAMI FL 33131**

2. Principal Place of Business

Wagner Square, LLC

3. Mailing Address

Wagner Square, LLC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

7491 W Oakland Pk Blvd 306

7491 W Oakland Pk Blvd 306

City & State

City & State

Ft. Lauderdale, Florida

Ft. Lauderdale, Florida

Zip

33319

Country

US

Zip

33319

Country

US

4. FEI Number

33-1011789

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

**VALDES-FAULI CORPORATE SERVICES, INC.
ONE BISCAYNE TOWER
2 SOUTH BISCAYNE BLVD., SUITE 3400
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

Debra Sinkle Kolsky, as Manager

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

**7491 W. Oakland Park Blvd
Suite 306**

Wagner Square, LLC

City

Ft. Lauderdale

FL

Zip Code

33319

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** ☐ Delete
NAME **KOLSKY, DEBRA S**
STREET ADDRESS **% 7491 W. OAKLAND PARK BLVD., 3RD FL, #306**
CITY-ST-ZIP **FT. LAUDERDALE FL 33319**

TITLE **MGR** ☐ Delete
NAME **MILO, ALBERTO JR**
STREET ADDRESS **% 301 SW 17TH RD., SECOND FL**
CITY-ST-ZIP **MIAMI FL 33129**

TITLE **MGR** ☐ Delete
NAME **COCOSE, WILLIAM A**
STREET ADDRESS **% 10910 HAYDN DR.**
CITY-ST-ZIP **BOCA RATON FL 33498**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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

954-572-0305

Daytime Phone #

CR2E083 (10/02)