

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90004 049 \*\*\*\*50.00

**DOCUMENT # L02000018614**

1. Entity Name

**BERMAN, CLARK, HERNANDO, PENLAND, PHILIPPEAUX AND SCHWINDEMAN ASSOCIATES LLC**



Principal Place of Business

Mailing Address

**9130 SOUTH DADELAND BLVD., PH1B  
MIAMI FL 33156**

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MIAMI FL 33156**

2. Principal Place of Business

**7300 N. Kendall Dr.**

3. Mailing Address

**7300 N. Kendall Dr**

Suite, Apt. #, etc.

**#740**

Suite, Apt. #, etc.

**#740**

City & State

**Miami FL**

City & State

**Miami FL**

Zip

**33156**

Country

Zip

**33156 FL**

Country

4. FEI Number

**74-3054481**

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

**LEGAL ZOOM NEVADA, INC.  
395 ALHAMBRA CIRCLE  
CORAL GABLES FL 33134**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Rochelle Berman, CFP 7300 N. Kendall Dr #740 Miami, FL 33156</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Carroll T Clark, Jr. 7300 N. Kendall Dr. #740 Miami, FL 33156</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Francisco Hernandez, CFP 7300 N. Kendall Dr. #740 Miami, FL 33156</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM William Penland, Jr 7300 N. Kendall Dr #740 Miami FL 33156</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM James Philippeaux 7300 N. Kendall Dr. #740 Miami, FL 33156</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Eric Schwindeman 7300 N. Kendall Dr #740 Miami, FL 33156</b> <input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM John Foyt, CFP 7300 N. Kendall Dr. #740 Miami, FL 33156</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Carroll T Clark Jr.***

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

**1/3/03 305670343 213**

Date

Daytime Phone #

CR2E083 (10/02)