

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2003 8:00 am
Secretary of State

4/3C

04-30-2003 90186 012 *****50.00

DOCUMENT # L02000019603

1. Entity Name
BELL & JUANYA, LLC



Principal Place of Business
**1213 NW 4TH STREET
BOYNTON BEACH FL 33435**

Mailing Address
**1213 NW 4TH STREET
BOYNTON BEACH FL 33435**

44002865



2. Principal Place of Business

3. Mailing Address
5013 Nautica Lake Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State
Greenacres, FL

4. FEI Number
42-1592406

Applied For
☒ Not Applicable

Zip

Country

Zip
33463

Country

USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KLEIN, STUART
1551 FORUM PLACE, SUITE 400B
WEST PALM BEACH FL 33401**

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 re-registering)

DATE

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 **MGR** ☐ Delete
NAME **BELL, OCTAVIA**
STREET ADDRESS **1213 NW 4TH STREET**
CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE **MGR** ☒ Change ☐ Addition
NAME **BELL, OCTAVIA**
STREET ADDRESS **5013 Nautica Lake Circle**
CITY-ST-ZIP **Greenacres, FL 33463**
ADDRESS

TITLE **MGR** ☐ Delete
NAME **BELL, ALBERTA**
STREET ADDRESS **1213 NW 4TH STREET**
CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE **MGR** ☒ Change ☐ Addition
NAME **BELL, ALBERTA**
STREET ADDRESS **5013 Nautica Lake Circle**
CITY-ST-ZIP **Greenacres, FL 33463**
ADDRESS

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

REQUIRED

4-28-03

561-432-6265

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

Date

Daytime Phone #

CR2E083 (10/02)