

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90342 020 ****50.00

DOCUMENT # L02000019862

1. Entity Name
EXECUTIVE SWEET, LLC



Principal Place of Business
**1216 EAST ATLANTIC BLVD.
SUITE 7
POMPANO BEACH FL 33060**

Mailing Address
**1216 EAST ATLANTIC BLVD.
SUITE 7
POMPANO BEACH FL 33060**

40016280



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

P.O. Box 272123

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

4. FEI Number

☒ Applied For
Not Applicable

Zip

Country

33431

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

**TRICK, WILLIAM W JR.
1216 EAST ATLANTIC BLVD.
SUITE 7
POMPANO BEACH FL 33060**

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ODEN, ROBERT F
1216 EAST ATLANTIC BLVD, STE 7
POMPANO BEACH FL 33060** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ODEN, LILIA G
1216 EAST ATLANTIC BLVD., STE 7
POMPANO BEACH FL 33060** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WELZEN, JAMES S
1216 EAST ATLANTIC BLVD., STE 7
POMPANO BEACH FL 33060** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
STANLEY, ROBERTA G
1216 EAST ATLANTIC BLVD., STE 7
POMPANO BEACH FL 33060** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

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

1-19-03

561-912-1450

Date

Daytime Phone #

CR2E083 (10/02)