

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90012 038 \*\*\*\*50.00

**DOCUMENT # L02000023282**

1. Entity Name  
**CANADOS AMERICA, LLC**



Principal Place of Business

**730 W. MCNAB ROAD  
FT. LAUDERDALE FL 33309**

Mailing Address

**730 W. MCNAB ROAD  
FT. LAUDERDALE FL 33309**

2. Principal Place of Business

**2300 E. LAS OLAS BLVD.**

3. Mailing Address

**2300 E. LAS OLAS BLVD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

**FT. LAUDERDALE, FL**

City & State

**FT. LAUDERDALE, FL**

4. FEI Number

**71-0902801**

Applied For

Not Applicable

Zip

**33301**

Country

**USA**

Zip

**33301**

Country

**USA**

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SIROP, KEVIN  
730 W. MCNAB ROAD  
FT. LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent

Name **Terry Schrubb**

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

**2300 E. LAS OLAS BLVD. 1**

City

**Ft. Lauderdale**

FL

Zip Code

**33301**

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]*  
Signature, typed or printed name of registered agent and title if applicable.

**Terry Schrubb**

(NOTE: Registered Agent signature required when reinstating)

**2/13/03**

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 **TERRY SCHRUBB**  
STREET ADDRESS **2300 E. LAS OLAS BLVD.**  
CITY-ST-ZIP **FT. LAUDERDALE, FL 33301**

TITLE **MGR** ☐ Delete  
NAME **STUART ROFFMAN**  
STREET ADDRESS **124 FARM STREET RD.**  
CITY-ST-ZIP **DOVER, MASSACHUSETTS 02030**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

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

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**TERRY SCHRUBB**

**2/13/03**

Date

**954-467-6300**

Daytime Phone #

CR2E083 (10/02)