

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0013678

DOCUMENT # L02000026278

1. Entity Name

PROGRESSIVE PURCHASING COOPERATIVE, LLC



FILED

03 SEP 24 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business

11900 BISCAYNE BOULEVARD SUITE 807
MIAMI FL 33181

Mailing Address

11900 BISCAYNE BOULEVARD SUITE 807
MIAMI FL 33181

2. Principal Place of Business

1940 HARRISON ST.

3. Mailing Address

1940 HARRISON ST.

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

City & State

Hollywood, Florida

City & State

Hollywood, Florida

Zip

Country

33020 U.S.A.

Zip

Country

33020 U.S.A.

4. FEI Number

54-2081230

Applied For

Not Applicable

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

ALLAN M. GLASER, P.A.

11900 BISCAYNE BOULEVARD SUITE 807
MIAMI FL 33181

Name

FRANK DeFlavia

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

1940 HARRISON ST.

Suite 300

City

Hollywood

FL

Zip Code

33020

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

Frank J. DeFlavia FRANK J. DEFLAVIA MGRM 9-22-03

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 September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME FRANK DeFlavia
STREET ADDRESS 1940 HARRISON ST Suite 300
CITY-ST-ZIP Hollywood, FL. 33020

TITLE ☐ Change ☐ Addition
NAME 400023302034
STREET ADDRESS 09/24/03--01021--003 **50.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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:

Frank J. DeFlavia REQUIRED

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

Date

Daytime Phone #

9/22/03 954.921-0661

CR2E083 (4/03)