

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2003 8:00 am**  
**Secretary of State**

03-05-2003 90301 006 \*\*\*\*50.00

**DOCUMENT # L02000026450**

1. Entity Name  
**CUBPRO, L.L.C.**



Principal Place of Business  
**10751 FOX GLEN DRIVE  
BOCA RATON FL 33428**

Mailing Address  
**10751 FOX GLEN DRIVE  
BOCA RATON FL 33428**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**74-3061868**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$5.00 Additional Fee Required.**

6. Name and Address of Current Registered Agent

**NICHOLS, L. WESLEY  
11380 PROSPERITY FARMS ROAD  
SUITE 204  
PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent

Name **Jacqueline N. Miller**

Street Address (P.O. Box Number is Not Acceptable)  
**10751 FOX GLEN DRIVE**

City **BOCA RATON**

**FL**

Zip Code **33428**

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

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

(NOTE: Registered Agent signature required when reinstating)

**3-1-03**  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☒ Addition  
**MGR. JACQUELINE N. MILLER  
10751 FOX GLEN DRIVE  
BOCA RATON, FL 33428**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☒ Addition  
**MGR. LUANN HOBERMAN  
1437 NW 113 TERRACE  
CORAL SPRINGS, FL 33071**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☒ Addition  
**MGR. YI-YA00 YU  
ALLEY 60 SECTION 3, NERLTH Rd., STE 2  
TAIPEI, TAIWAN**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☒ Addition  
**MGR. YOLANDA NIEVES STELLA  
6409 MALLARDA LANE  
COCONUT CREEK, FL 33073**

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

TITLE  
NAME  
STREET ADDRESS  
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:

*J. Miller*  
**SIGNATURE REQUIRED**

**3-1-03**

**561-218-1491**

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

Date

Daytime Phone #

CR2E083 (10/02)