

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90103 035 *****50.00

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DOCUMENT # L02000027581

1. Entity Name

BAPTISTE, BENNETT, & ASSOCIATES LLC



Principal Place of Business

Mailing Address

2650 NORTH MILITARY TRAIL
SUITE 100
BOCA RATON FL 33431
US

9673 RIVERSIDE DRIVE
UNIT J-2
CORAL SPRINGS FL 33071
US

2. Principal Place of Business

3. Mailing Address

150 S Pine Island Road

150 S Pine Island Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

420

420

City & State

City & State

Plantation FL

Plantation FL

Zip

Country

Zip

Country

33324

Broward

33324

Broward

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEGAL ZOOM NEVADA, INC.
395 ALHAMBRA CIRCLE
SUITE 301
CORAL GABLES FL 33134

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
MGR
BAPTISTE, RICARDO
2650 NORTH MILITARY TRAIL, SUITE 100
BOCA RATON FL 33431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
150 south Pine Island Rd, Ste 420
Plantation, FL 33324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Ricardo Baptiste*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-24-03

(954) 476-1555

Date

Daytime Phone #

CR2E083 (10/02)