

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 18, 2003 8:00 am
Secretary of State

02-18-2003 90324 002 ****50.00

DOCUMENT # L02000028147

1. Entity Name

MOVIUS BIG BEAR, L.C.



Principal Place of Business

**798 PELICAN POINT COVE
BOCA RATON FL 33431**

Mailing Address

**798 PELICAN POINT COVE
BOCA RATON FL 33431**

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

06-1657818

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**COHEN, MICHELE
798 PELICAN POINT COVE
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

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
Managing Member ☒ Delete
Herbert John Movius, II
c/o Michele Cohen
798 Pelican Point Cove, Boca Raton,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Member ☐ Change ☒ Addition
Michele Cohen
798 Pelican Point Cove
Boca Raton, FL 33431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
FL 33431 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Member ☐ Change ☒ Addition
Herbert John Movius, III
1495 Seabright
Grover Beach, CA 93933

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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:

Michele Cohen
SIGNATURE REQUIRED

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

2-11-03

Date

561-394-2125

Daytime Phone #

CR2E083 (10/02)