

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State

4/2

04-21-2003 90111 021 ****50.00

DOCUMENT # L02000029773

1. Entity Name

UNITED MERCHANTS GROUP, LLC



Principal Place of Business

**6444 COUNTRY FAIR CIRCLE
BOYNTON BEACH FL 33437**

Mailing Address

**6444 COUNTRY FAIR CIRCLE
BOYNTON BEACH FL 33437**

55038980

2. Principal Place of Business

**1900 NW Corporate Blvd.
Suite, Apt. #, etc.
400 East**

3. Mailing Address

**1900 NW Corporate Blvd.
Suite, Apt. #, etc.
400 East**

City & State

Boca Raton FL

City & State

Boca Raton FL

4. FEI Number

04-3721625

Applied For

Not Applicable

Zip **33431**

Country **USA**

Zip **33431**

Country **USA**

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

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

TITLE **MGR** ☐ Delete
NAME **BLACKWELL, BRETT D**
STREET ADDRESS **6444 COUNTRY FAIR CIRCLE**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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
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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

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

Brett Blackwell

4-15-03

561.313.3448

Date

Daytime Phone #

CR2ED83 (10/02)