

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

DOCUMENT # L02000030138

1. Entity Name

COSCAN LABOR, LLC

FILED

03 APR 30 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5555 Anglers Avenue, Suite 1
Ft. Lauderdale, Florida 33312

Mailing Address
5555 Anglers Avenue, Suite 1
Ft. Lauderdale, Florida 33312

2. Principal Place of Business
5555 Anglers Avenue

3. Mailing Address
5555 Anglers Avenue

Suite, Apt. #, etc.
Suite 1A

Suite, Apt. #, etc.
Suite 1A

City & State
Ft. Lauderdale, Florida

City & State
Ft. Lauderdale, Florida

4. FEI Number
65-0873262

Applied For
Not Applicable

Zip
33312

Country
US

Zip
33312

Country
US

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

Ferrell Group Corporate Services, L.L.C.
201 South Biscayne Blvd.
34th Floor
Miami, Florida 33131

~~04/30/03 01050-012 ***50.00~~

FL Zip

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1, 2003

9. MANAGING MEMBERS/ MEMBERS

10. ADDITIONS/ CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☒ Addition
MGR
Albert C. Piazza
5555 Anglers Avenue
Ft. Lauderdale, Florida 33312

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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

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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)(f), 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

Albert Piazza

(954) 620-1000

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

Date

Daytime Phone #