

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

3/11

3.

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

03-11-2003 90029 018 ****50.00

DOCUMENT # L02000031400

1. Entity Name

YELLOW PARK OF MARGATE, LLC



Principal Place of Business

**2142 NW 20TH STREET
MIAMI FL 33142**

Mailing Address

**2142 NW 20TH STREET
MIAMI FL 33142**

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

04-3747400

Applied For

Not Applicable

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

**MALE, MICHAEL H
3250 MARY STREET, SUITE #303
MIAMI FL 33133**

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 fee 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**

MANAGING MEMBERS/MANAGERS

ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ESQUILINO, JOAO 10921 NW 6TH COURT PLANTATION FL 33324	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AM ASSIST. MANAGER LUCY KISLAK-ESQUILINO 10921 NW 6TH COURT PLANTATION, FL 33324	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AM ASSIST. MANAGER MELISSA MARCONES 2142 NW 20TH ST. #4 MIAMI, FL 33142	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AM ASSIST. MANAGER CARLOS ANGEL 2142 NW 20TH ST. #4 MIAMI, FL 33142	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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:

SIGNATURE REQUIRED

03/03/03

SIGNATURE AND TITLE OF PERSON SIGNING: MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2003 (10/02)