

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

**FILED**  
**Feb 26, 2003 8:00 am**  
**Secretary of State**

02-26-2003 90030 019 \*\*\*\*55.00

DOCUMENT # L02000032102

1. Entity Name

ARTISIAN GLASS ETCHERS, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

10581 N.W. 53<sup>RD</sup> STREET

Suite, Apt. #, etc.

3. Mailing Address

10581 N.W. 53<sup>RD</sup> ST.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SUNRISE, FLORIDA

Zip

33351

Country

USA

City & State

SUNRISE, FLORIDA

Zip

33351

Country

USA

4. FEI Number

01-0758109

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

BRUCE PARKER

Street Address (P.O. Box Number is Not Acceptable)

10846 N.W. 10<sup>TH</sup> PLACE

City

CORAL SPRINGS

FL

Zip Code

33071

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

2-11-03

DATE

FEE IS \$60.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR.  
BRUCE PARKER  
10846 N.W. 10<sup>TH</sup> PLACE  
CORAL SPRINGS, FL 33071

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR.  
ANTHONY PERKINS  
1431 SORRENTO DRIVE  
WESTON FL 33326

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR-MEMBER  
SUE PARKER  
10846 N.W. 10<sup>TH</sup> PLACE  
CORAL SPRINGS, FL 33071

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**DO NOT WRITE  
IN THIS SPACE**

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

2-11-03 954-749-0195

Date

Daytime Phone #

CR2E063B (12/02)