

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

**FILED**  
**May 07, 2003 8:00 am**  
**Secretary of State**

05-07-2003 90045 025 \*\*\*\*50.00

DOCUMENT # L02000033709

1. Entity Name

P & R, L.L.C.



10103126

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

200 DIPLOMAT PKWY

1835 E. HALLANDALE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT 724

BEACH BLVD. #351

DO NOT WRITE IN THIS SPACE

City & State

HALLANDALE, FL.

City & State

HALLANDALE BEACH FLA.

4. FEI Number

83-0345145

Applied For

Not Applicable

Zip

33009

Country

USA

Zip

33009

Country

USA.

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

JOSEPH A. VECCHIO, JR., ESQ.

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

JOSEPH A. VECCHIO, JR., P.A. - ATTORNEY AT LAW

2929 E. COMMERCIAL BLVD. PENTHOUSE SUITE A

City

FORT LAUDERDALE

FL

Zip Code

33308

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IN THIS SPACE**

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.

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME MANAGING MEMBER  
PEARL A. GREEN  
STREET ADDRESS 200 DIPLOMAT PKWY  
CITY-ST-ZIP HALLANDALE, FL 33009

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR  
NAME ROBERT NEVINS  
STREET ADDRESS 3324 S.W. 19 TERR  
CITY-ST-ZIP DAVIE, FL. 33314

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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: PEARL A. GREEN Pearl A. Green 5/4/03 954-455-9979

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

Date

Daytime Phone #

CR2E083B (12/02)