

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

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90029 027 ****50.00

DOCUMENT # L02000034013

1. Entity Name

HASEY ENTERPRISES II, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1877 S. Federal Hwy

3. Mailing Address

SAME

Suite, Apt., #, etc.

Suite 202

Suite, Apt., #, etc.

City & State

Boca Raton FL

City & State

Zip

33432

Country

Zip

Country

4. FEI Number

061671986

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name FRANK T. PILOTTE, ESQ

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

340 ROYAL PALM WAY Suite 100

City PALM BEACH

FL

Zip Code 33480

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. MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Manager
William J Hasey Jr.
1877 S Federal Hwy Suite 202
Boca Raton, FL 33432

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Manager
Martin J Hasey
42 N Swinton Ave
Delray Beach, FL 33444

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Manager
Marilyn R Fazioli
1877 S Federal Hwy Suite 202
Boca Raton, FL 33432

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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

Date

Daytime Phone #

3/7/03 561 368 5521

CR2E083B (12/02)