

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2003 8:00 am
Secretary of State

09-15-2003 90098 003 *****50.00

DOCUMENT # L02000034412

1. Entity Name

WESITE-IN-A-BOX, L.L.C.



Principal Place of Business

Mailing Address

**1250 E. HALLANDALE BEACH BLVD. PENTHOUSE A
HALLANDALE FL 33009**

**1250 E. HALLANDALE BEACH BLVD. PENTHOUSE A
HALLANDALE FL 33009**

2. Principal Place of Business

3. Mailing Address

10 FAIRWAY DR

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

307

City & State

City & State

Deerfield Beach

Zip

Country

Zip

Country

33441

USA

4. FEI Number

542086479

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

**SMOLEY, ROBERT ESQ
DIAZ, O'NAGHTEN & BORGOGNONI, LLP
2665 S. BAYSHORE DR., STE. 200
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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/11/03

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**Robert Smoley Pres
10 Fairway Drive, Suite 307
Deerfield Beach, FL 33441**

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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

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

Date

Daytime Phone #

9/11/03

984 333 1000

CR2E083 (4/03)