

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90010 007 \*\*\*\*50.00

**DOCUMENT # L94000000393**

1. Entity Name

ALTAMIRA, L.C.



Principal Place of Business

4734 NE 12TH AVENUE  
FT. LAUDERDALE FL 33334

Mailing Address

4734 NE 12TH AVENUE  
FT. LAUDERDALE FL 33334

2. Principal Place of Business

2511 N.E. 16TH LANE

Suite, Apt. #, etc.

BAY # 2

City & State

POMPANO BEACH, FL

Zip

33064

Country

USA

3. Mailing Address

2511 N.E. 16TH LANE

Suite, Apt. #, etc.

BAY # 2

City & State

POMPANO BEACH FL

Zip

33064

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0518799

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCCLOSKEY, EDWARD F  
4734 NE 12TH AVENUE  
FT. LAUDERDALE FL 33334

7. Name and Address of New Registered Agent

Name

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

2511 NE 16TH LANE

BAY # 2

City

POMPANO BEACH

FL

Zip Code

33064

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)

3/8/03

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE ☒ MGRM ☐ Delete  
NAME MCCLOSKEY, EDWARD F  
STREET ADDRESS 4734 NE 12TH AVENUE  
CITY-ST-ZIP FT. LAUDERDALE FL 33334

TITLE ☐ Delete  
NAME MGRM  
STREET ADDRESS JOAN MARC POAH,  
CITY-ST-ZIP 4734 NE 12TH AVENUE  
FT. LAUDERDALE FL 33334

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2511 NE 16TH LANE, # 2  
CITY-ST-ZIP POMPANO BEACH, FL 33064

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2511 NE 16TH LANE, # 2  
CITY-ST-ZIP POMPANO BEACH, FL 33064

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

EDWARD F. McCloskey

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

3/8/03

954-934-0099

Date

Daytime Phone #

CR2E083 (10/02)