

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000001045

1. Entity Name

ASSOCIATES HOLDING GROUP, L.C.

Principal Place of Business

8100 SW 10TH ST., SUITE 2000
PLANTATION FL 33324

Mailing Address

8100 SW 10TH ST., SUITE 2000
PLANTATION FL 33324

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

WEINBERG, STEVEN A
7805 SW 6TH COURT
PLANTATION FL 33024

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGRM KARP, MICHAEL C 8100 SW 10TH ST., #2000 PLANTATION FL 33324 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MEM ODEN, ROBERT 8100 SW 10TH ST., #2000 PLANTATION FL 33324 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MEM FARBER, HOWARD 8100 SW 10TH ST., #2000 PLANTATION FL 33324 ☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MEM MARKELS, ALLAN 8100 SW 10TH ST., #2000 PLANTATION FL 33324 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/15/02 954-474-9700

X-180

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90163 002 ****50.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0701092 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

CR2E083 (9/01)

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