

2000 UNIFORM BUSINESS REPORT (UBR)

1004730 AF

DOCUMENT # L96000001046

1. Entity Name

BENNETT & GRUDA, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 11 AM 11:05

Principal Place of Business
13899 BISCAYNE BOULEVARD
SUITE 106
NORTH MIAMI BEACH FL 33181

Mailing Address
13899 BISCAYNE BOULEVARD
SUITE 106
NORTH MIAMI BEACH FL 33181-1637



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0680916

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

BENNETT, SCOT A
13899 BISCAYNE BOULEVARD
SUITE 106
NORTH MIAMI BEACH FL 33181

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME BENNETT, SCOT A P.A.
STREET ADDRESS 13899 BISCAYNE BOULEVARD, SUITE 106
CITY-ST-ZIP NORTH MIAMI BEACH FL 33181 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP *mf 2/22/00*

TITLE MGR
NAME GRUDA, LESTER A P.A.
STREET ADDRESS 13899 BISCAYNE BOULEVARD, SUITE 106
CITY-ST-ZIP NORTH MIAMI BEACH FL 33181 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
900003148899-3
-02/28/00-01020-008
*****50.00 *****50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Scot Bennett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

2/9/00 *305/949-6220*

CR2E083 (9/99)