

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000617

1. Entity Name

BOCK GALLERY, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 SEP -5 AM 10:02

Principal Place of Business

801 S. UNIVERSITY DR.
C-109
PLANTATION FL 33324

Mailing Address

801 S. UNIVERSITY DR.
C-109
PLANTATION FL 33324

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

65-0834655

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BOCK, CHRISTY
801 S. UNIVERSITY DR.
C-109
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name WILLIAM BOCK

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/MANAGERS

TITLE NAME BOCK, WILLIAM
STREET ADDRESS 801 S. UNIVERSITY DR., SUITE C-109
CITY-ST-ZIP PLANTATION FL 33324

TITLE NAME MEM
STREET ADDRESS BOCK, CHRISTY
CITY-ST-ZIP 801 S. UNIVERSITY DR., SUITE C-109
HOLLYWOOD FL 33020

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 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:

WILLIAM BOCK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

8/8/00

Date

800-203-2347

Daytime Phone #

CR2E083 (5/00)