

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90290 031 ****50.00

DOCUMENT # L98000000822

1. Entity Name

THE MENTOR CENTER, L.C.

906666



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**10245 COLLINS AVENUE, SUITE 9A
BAL HARBOUR FL 33154**

Mailing Address

**10245 COLLINS AVENUE, SUITE 9A
BAL HARBOUR FL 33154**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0843296

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ANGELL CORPORATE SERVICES, INC.
ONE NORTH CLEMATIS STREET
SUITE 400
WEST PALM BEACH FL 33401-0000**

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

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
EVANS, THOMAS W
10245 COLLINS AVENUE, SUITE 45E 9A
BAL HARBOUR FL 33154**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Suite 9A

☒ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
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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 REQUIRED
THOMAS W. EVANS

Jan 10, 2002 / 305-864-3619

CR2E083 (9/01)