

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR -5 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mf

DO NOT WRITE IN THIS SPACE

DOCUMENT # L98000001548

1. Entity Name
CB Medical L.C.

Principal Place of Business Mailing Address
777 So. Flagler Dr., Suite 903 777 So. Flagler Dr., #903
West Palm Beach, Fl. 33401 West Palm Beach, Fl. 33401

2. Principal Place of Business 3. Mailing Address
515 No. Flagler Dr. 515 No. Flagler.
Suite, Apt. #, etc. Suite, Apt. #, etc.
1201 1201

City & State City & State
West Palm Beach, Fl. West Palm Beach, Fl.

Zip Country Zip Country
33401-4347 33401-4347

4. FEI Number Applied For
65-0861510 Not Applicable

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

6. Name and Address of Current Registered Agent

Ernest Chu
777 South Flagler Dr., Suite 903
West Palm Beach, Fl. 33401

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
515 No. Flagler Dr., Suite #1201
City West Palm Beach FL Zip Code 33401-4347

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 *Ernest Chu* Ernest Chu, Partner DATE 3/31/00
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	Mgr	<input type="checkbox"/> Delete
NAME	Ernest Chu	
STREET ADDRESS	777 So. Flagler Dr., Suite 903	
CITY-ST-ZIP	West Palm Beach, Fl. 33401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	515 No. Flagler Dr., Suite 1201
CITY-ST-ZIP	West Palm Beach, Fl. 33401-4347
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	400003217904--2
CITY-ST-ZIP	-04/21/00--01010--015
	*****50.00 *****50.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Ernest Chu* Ernest Chu Date 3/31/00 561-833-5560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Daytime Phone #

CR2E083 (11/99)