

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR 17 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L 98 00000 1855**  
1. Entity Name  
**STEVE B'S ENTERPRISES OF FLORIDA LLC**

Principal Place of Business  
**2721 HATU ROAD**  
**COOPER CITY FL 33026**  
Mailing Address  
**elo**  
**SOUTH BROWARD ACCOUNTING SERVICE, INC.**  
**7777 N. DAVIE ROAD EXT., SUITE 102B**  
**HOLLYWOOD, FL 33024**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip  
Country  
3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

mm

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**65 0866122**  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BIGGAR STEVE**  
**1377 VERA CAUZ LANE**  
**WESTON, FL 33327**

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 \_\_\_\_\_ (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  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

10. ADDITIONS/CHANGES  
Change Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200003228812  
-04/28/00-01065-003  
\*\*\*\*\*50.00 \*\*\*\*\*50.00  
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

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 OR MANAGER  
Date  
Daytime Phone #