

# 2001 UNIFORM BUSINESS REPORT (UBR)

0016287 AF

**DOCUMENT # L98000001951**  
 1. Entity Name  
**NOESIS CAPITAL MANAGEMENT OF CALIFORNIA, L.C.**

**FILED**  
 01 JUN -5 AM 11:28  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business                      Mailing Address  
 1801 CLINT MOORE ROAD, SUITE 100                      1801 CLINT MOORE ROAD, SUITE 100  
 BOCA RATON FL 33487    BOCA RATON FL 33487



DO NOT WRITE IN THIS SPACE

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                      Applied For  
**65-0864322**                      Not Applicable  
 5. Certificate of Status Desired                       \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**NASS, CORY B**  
**1801 CLINT MOORE ROAD, SUITE 100**  
**BOCA RATON FL 33487**

**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                      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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR NOESIS CAPITAL MANAGEMENT CORP. 1801 CLINT MOORE ROAD, SUITE 100 BOCA RATON FL 33487</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**BK**                      **400004425564--0**  
 -06/18/01--01139--025  
 \*\*\*\*\*50.00                      \*\*\*\*\*50.00

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**                      5/1/01                      (561) 998-8084

CR2E083 (11/00)