

2001 UNIFORM BUSINESS REPORT (UBR)

0032491 SP

DOCUMENT # L98000002035

1. Entity Name
MILITARY 10, L.C.

FILED

01 MAR 30 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
288-Z SMITH SUNDY ROAD
DELRAY BEACH FL 33446

Mailing Address
288-Z SMITH SUNDY ROAD
DELRAY BEACH FL 33446



DO NOT WRITE IN THIS SPACE

MJH

2. Principal Place of Business
14450 Smith Sundry Rd. → same
Suite, Apt. #, etc.

3. Mailing Address
same
Suite, Apt. #, etc.

City & State
City & State

4. FEI Number
57-2784295

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MOMBACH, GEOFFREY S ESQ.
500 EAST BROWARD BOULEVARD, SUITE 1950
FT. LAUDERDALE FL 33394

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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOLF, STEVEN 288-Z SMITH SUNDY ROAD DELRAY BEACH FL 33446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	14450 Smith Sundry Rd. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM WOLF, ERIC 288-Z SMITH SUNDY ROAD DELRAY BEACH FL 33446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	↓ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400003993444-9 -04/12/01--01021--020 *****50.00 *****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Steven Wolf* 3/30/01 (561) 498-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)