

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L98000002035**

1. Entity Name

MILITARY 10, L.C.FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB 25 PM 2:19

Principal Place of Business

✓ 14450 SMITH SUNDY RD.
DELRAY BEACH FL 33446

Mailing Address

✓ 14450 SMITH SUNDY RD.
DELRAY BEACH FL 33446

2. Principal Place of Business

5801 N. Congress Ave.

3. Mailing Address

5801 N. Congress Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33487

Country

USA

Zip

33487

Country

USA

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WOLF, STEVEN
14450 SMITH SUNDY RD.
DELRAY BEACH FL 33446 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
WOLF, ERIC
14450 SMITH SUNDY RD.
DELRAY BEACH FL 33446 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
✓ 5801 N. Congress Ave.
✓ Boca Raton, FL 33487TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
✓ 5801 N. Congress Ave.
✓ Boca Raton, FL 33487TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
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

1/21/02

561-498-5600.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)