

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90130 040 ****50.00

DOCUMENT #. L98000002987

1. Entity Name

RETAIL DEVELOPMENT GROUP LLC

Principal Place of Business

~~4460 NW 63 DRIVE~~
~~COCONUT CREEK FL 33073~~

Mailing Address

~~4460 NW 63 DRIVE~~
~~COCONUT CREEK FL 33073~~

2. Principal Place of Business

4733 W. ATLANTIC AVE
 Suite, Apt. #, etc.

3. Mailing Address

4733 W. ATLANTIC AVE
 Suite, Apt. #, etc.

City & State

Delray Beach FL

Zip

33445

Country

Palm Beach

City & State

Delray Beach FL

Zip

33445

Country

Palm Beach

4. FEI Number

65-0880874

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HOEKSTRA, ALLAN W
4460 NW 63 DRIVE
COCONUT CREEK FL 33073

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 **MGR** ☐ Delete
 NAME **HAYES, DAVID**
 STREET ADDRESS **17305 SW 78TH COURT**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE **MGR** ☐ Delete
 NAME **HOEKSTRA, ALLAN W**
 STREET ADDRESS **4460 NW 63 DRIVE**
 CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE **RON Hirsch** ☐ Delete
 NAME **RON Hirsch**
 STREET ADDRESS **4733 W. ATLANTIC AVE**
 CITY-ST-ZIP **DELA 33445**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **RON Hirsch**
 STREET ADDRESS **4733 W. ATLANTIC AVE**
 CITY-ST-ZIP **DELA 33445**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE

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

Date

4/23/02

Daytime Phone #

561 638-3400

CR2E083 (9/01)