

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000229

1. Entity Name
COLHAN, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 25 AM 11:02

Principal Place of Business
C/O DAVID J. SCHOTTENFELD, P.A.
7520 NW 5TH STREET, #203
PLANTATION FL 33317

Mailing Address
C/O DAVID J. SCHOTTENFELD, P.A.
7520 NW 5TH STREET, #203
PLANTATION FL 33317



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

3316 S.E. FEDERAL HIGHWAY

Suite, Apt. #, etc.

P.O. Box 260379

City & State

STUART, FLORIDA

City & State

PEMBROKE PINES, FLORIDA

Zip

34997

Country

Zip

33026

Country

4. FEI Number

65-0929093

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHOTTENFELD, DAVID J ESQ
7520 NW 5TH STREET #203
PLANTATION FL 33317

Name

DAVID HANNA

Street Address (P.O. Box Number is Not Acceptable)

3316 S.E. FEDERAL HIGHWAY

City

STUART

FL

Zip Code

34997

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]

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/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☒ Delete
NAME HANNA, DAVID WILLIAM
STREET ADDRESS 590 LAVER CIRCLE #135
CITY-ST-ZIP DELRAY BEACH FL 33444

TITLE MGR ☒ Change ☐ Addition
NAME HANNA, DAVID WILLIAM
STREET ADDRESS 3316 S.E. FEDERAL HIGHWAY
CITY-ST-ZIP STUART, FL 34997

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME COLSTON, CHRISTOPHER
STREET ADDRESS 3316 S.E. FEDERAL HIGHWAY
CITY-ST-ZIP STUART, FL 34997

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 500003415755--7
CITY-ST-ZIP -10/05/00--0114--001

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP *****50.00 *****50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (5/00)