

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90006 039 *****50.00

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DOCUMENT # L99000000618

1. Entity Name

LAPIDES INVESTMENT LLC

Principal Place of Business

**8710 N.W. 18TH STREET
 CORAL SPRINGS FL 33071**

Mailing Address

**8710 N.W. 18TH STREET
 CORAL SPRINGS FL 33071**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0883228

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**VENGER, GAIL D
 8710 N.W. 18TH STREET
 CORAL SPRINGS FL 33071**

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 ☐ Delete
**MGR
 VENGER, GAIL D
 8710 N.W. 18TH STREET
 CORAL SPRINGS FL 33071**

TITLE NAME ☐ Delete
**MGR
 ROKOFF, JUNE L
 30 GREYLOCK ROAD
 WELLESLEY HILLS MA 02481**

TITLE NAME ☐ Delete
**MGR
 LAPIDES, PAUL D
 940 BLACKWELL TRAIL
 MARIETTA GA 30066**

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

10. ADDITIONS/CHANGES

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

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

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
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TITLE NAME ☐ Change ☐ Addition
 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

Gail D. Venger
GAIL D. VENGER

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

1/14/02
 Date

954 345-5953
 Daytime Phone #

CR2E083 (9/01)