

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90188 030 \*\*\*\*50.00

**DOCUMENT # L99000001002**

**1. Entity Name**  
**APPLESEED, L.L.C.**

**Principal Place of Business**

**2095 WEST 76TH STREET**  
**HIALEAH FL 33016**

**Mailing Address**

**2095 WEST 76TH STREET**  
**HIALEAH FL 33016**

**2. Principal Place of Business**

**2100 W. 76 ST.**

**Suite, Apt. #, etc.**

**510**

**City & State**

**Hialeah, FL**

**Zip**

**33016**

**Country**

**USA**

**3. Mailing Address**

**2100 W. 76 ST.**

**Suite, Apt. #, etc.**

**510**

**City & State**

**Hialeah, FL**

**Zip**

**33016**

**Country**

**USA**



DO NOT WRITE IN THIS SPACE

**4. FEI Number** **65-0642195**

**Applied For**

**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**ENRIQUEZ, STEPHEN C CPA**  
**19 WEST FLAGLAR STREET, SUITE 600**  
**MIAMI FL 33130**

**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** **CHEETHAM, ROBERT**  
**STREET ADDRESS** **2100 W. 76TH ST., SUITE 510**  
**CITY-ST-ZIP** **HIALEAH FL 33016**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
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**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**  
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**TITLE** ☐ Change ☐ Addition  
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**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, MANAGER, OR AUTHORIZED REPRESENTATIVE

**Date**

**Daytime Phone #**

**4/24/02**

CR2E083 (9/01)