

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L99000001158**1. Entity Name
MASSEY, COICAN & SCHUSTER, L.L.C.**FILED**

01 JAN 19 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business
**2455 EAST SUNRISE BOULEVARD, SUITE 1100
FORT LAUDERDALE FL 33304**Mailing Address
**2455 EAST SUNRISE BOULEVARD, SUITE 1100
FORT LAUDERDALE FL 33304**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0888597**

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****MASSEY, ALBERT P
2455 EAST SUNRISE BOULEVARD, SUITE 1100
FORT LAUDERDALE FL 33304**

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****9. MANAGING MEMBERS/MEMBERS****10. ADDITIONS/CHANGES**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MASSEY, ALBERT P III
2455 EAST SUNRISE BOULEVARD, SUITE 1100
FORT LAUDERDALE FL 33304** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
COLCAN, GREGORY G.
2455 EAST SUNRISE BOULEVARD, SUITE 1100
FORT LAUDERDALE FL 33304** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
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CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #