

# 2001 UNIFORM BUSINESS REPORT (UBR)

001794 AF

**DOCUMENT # L99000001158**

1. Entity Name  
**MASSEY, COICAN & SCHUSTER, L.L.C.**

**FILED**

01 JAN 19 PM 2:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

4. FEI Number **65-0888597**

Applied For  Not Applicable

DO NOT WRITE IN THIS SPACE

Zip Country

Zip Country

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 **MGRM MASSEY, ALBERT P III**  Delete  
STREET ADDRESS **2455 EAST SUNRISE BOULEVARD, SUITE 1100**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE \_\_\_\_\_  Change  Addition  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  
NAME **MGRM COLCAN, GREGORY G.**  Delete  
STREET ADDRESS **2455 EAST SUNRISE BOULEVARD, SUITE 1100**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE \_\_\_\_\_  Change  Addition  
NAME \_\_\_\_\_  
STREET ADDRESS **000003567710--3**  
CITY-ST-ZIP **-01/23/01--01062--003**

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 \_\_\_\_\_

TITLE \_\_\_\_\_  Delete  
NAME \_\_\_\_\_  
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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, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)