

2001 UNIFORM BUSINESS REPORT (UBR)

0012387 AF

DOCUMENT # L99000001251

1. Entity Name
BANNER YEARS NETWORK, L.L.C.

FILED

01 FEB 22 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1126 SOUTH FEDERAL HIGHWAY, SUITE 259
FT. LAUDERDALE FL 33316

Mailing Address
~~1126 SOUTH FEDERAL HIGHWAY, SUITE 259~~
FT. LAUDERDALE FL 33316

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
1515 N. FEDERAL HWY
SUITE 222

DO NOT WRITE IN THIS SPACE

City & State
BOCA RATON, FL

4. FEI Number
65-0919538

Applied For
Not Applicable

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

Zip
33432

Country

6. Name and Address of Current Registered Agent

CONRAD, EDWARD C
1700 S.E. 9TH STREET
FT LAUDERDALE FL 33316

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 _____ (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	MGR FEUER, LOUIS 1934 NORTHWEST 167TH AVENUE PEMBROKE PINES FL 33028	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CONRAD, EDWARD C 1700 SE 9TH ST FT LAUDERDALE FL 33316	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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*****50.00 *****50.00

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: Edward C Conrad 2/17/01 561-391-1411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)