

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002114

1. Entity Name

2001 PARTNERS, L.C.

Principal Place of Business

12539 ACME DAIRY RD
BOYNTON BEACH FL 33437

Mailing Address

12539 ACME DAIRY RD
BOYNTON BEACH FL 33437

2. Principal Place of Business

5801 N. Congress Ave.

Suite, Apt. #, etc.

Suite #202

City & State

Boca Raton, FL

3. Mailing Address

5801 N. Congress Ave.

Suite, Apt. #, etc.

Suite #202

City & State

Boca Raton, FL

Zip
33487

Country
USA

Zip
33487

Country
USA

6. Name and Address of Current Registered Agent

MOMBACH, GEOFFREY S ESQS.
MOMBACH, BOYLE & HARDIN, P.A.
500 EAST BROWARD BLVD., SUITE 1950
FT. LAUDERDALE FL 33394

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 STREET ADDRESS CITY-ST-ZIP | MGRM SZMIGA, ISRAEL 12539 ACME DAIRY ROAD BOYNTON BEACH FL 33437 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SZMIGA, RICHARD 12539 ACME DAIRY ROAD BOYNTON BEACH FL 33437 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BILOWIT, FRED 12539 ACME DAIRY ROAD BOYNTON BEACH FL 33437 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SARMOEN, ROGELIO 12539 ACME DAIRY ROAD BOYNTON BEACH FL 33437 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LEGUM, E. WAYNE 6900 SOUTH MILITARY TRAIL LAKE WORTH FL 33463 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Israel Szmiga
SIGNATURE REQUIRED Szmiga

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

Date

Daytime Phone #

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90017 049 ****50.00

930502



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0910845

Applied For

Not Applicable

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

CR2E083 (9/01)