

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002552

1. Entity Name

COYOTE ADVISORY SERVICES, L.L.C.

FILED

01 APR 16 PM 2:33

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

~~4445 N.W. 64TH TERRACE~~
~~LAUDERHILL FL 33019~~

~~4445 N.W. 64TH TERRACE~~
~~LAUDERHILL FL 33019~~

2. Principal Place of Business

3. Mailing Address

5944 Coral Ridge Drive

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

156

City & State

City & State

Coral Springs, Florida

Zip

Country

Zip

Country

33076

USA

4. FEI Number

12-0365876

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

BERLANT, JOEL M

~~4445 N.W. 64TH TERRACE~~
~~LAUDERHILL FL 33019~~

Name

Joel M. Berlant

Street Address (P.O. Box Number is Not Acceptable)

5944 Coral Ridge Drive

Suite 156

City

Coral Springs

FL

Zip Code

33076

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

Joel M. Berlant
Signature, typed or printed name of registered agent and title if applicable.

Joel M. Berlant

3/31/01

(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
BERLANT, JOEL M
~~4445 N.W. 64TH TERRACE~~
~~LAUDERHILL FL 33019~~

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
5944 Coral Ridge Drive Suite 156
Coral Springs, FL 33076

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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☐ Change ☐ Addition

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☐ 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:

Joel M. Berlant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/31/01

954-205-5655

CR2E083 (11/00)