

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002944

1. Entity Name

CONGRESS PROFESSIONAL GROUP, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 31 AM 8:09

Principal Place of Business

5030 CHAMPION BLVD., SUITE 6-172
BOCA RATON FL 33496

Mailing Address

5030 CHAMPION BLVD., SUITE 6-172
BOCA RATON FL 33496-2473



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

800 NE 77th ST

Suite, Apt. #, etc.

3. Mailing Address

800 NE 77th ST

Suite, Apt. #, etc.

City & State

BOCA RATON FL

Zip

33487

Country

City & State

BOCA RATON FL

Zip

33487

Country

4. FEI Number

65-0928824

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LISTICK, MICHAEL M ESQ.
616 E. ATLANTIC AVENUE
DELRAY BEACH FL 33483

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

TITLE NAME MGRM ANESTA, MICHAEL J MD
STREET ADDRESS 800 NE 77TH STREET
CITY-ST-ZIP BOCA RATON FL 33487 ☐ Delete

TITLE NAME MGRM ANESTA, LENORE B
STREET ADDRESS 800 NE 77TH STREET
CITY-ST-ZIP BOCA RATON FL 33487 ☐ Delete

TITLE NAME MGRM SILVER, MITCHELL D MD
STREET ADDRESS 17605 FIELDBROOK CIRCLE EAST
CITY-ST-ZIP BOCA RATON FL 33496 ☐ Delete

TITLE NAME MGRM SILVER, CAROL Z
STREET ADDRESS 17605 FIELDBROOK CIRCLE EAST
CITY-ST-ZIP BOCA RATON FL 33496 ☐ Delete

TITLE NAME MGRM POLERA, DEBRA
STREET ADDRESS 5030 CHAMPION BLVD., SUITE 6-172
CITY-ST-ZIP BOCA RATON FL 33496 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE 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 OR MANAGER

Date

Daytime Phone #

Michael Anesta MICHAEL ANESTA

1/25/00

5619948019