

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

0031896

**DOCUMENT # L99000003226**

1. Entity Name

**REAL INTELLECTUAL PROPERTIES LLC**

03-05-2002 90007 037 \*\*\*\*\*50.00

Principal Place of Business

**469 N.E. 207 LANE, SUITE 104  
 NORTH MIAMI BEACH FL 33179**

Mailing Address

**469 N.E. 207 LANE, SUITE 104  
 NORTH MIAMI BEACH FL 33179**

**B0036464**

2. Principal Place of Business

**3990 Sheridan Street  
 Suite #, etc.  
 106**

3. Mailing Address

**3990 Sheridan Street  
 Suite #, etc.  
 106**



DO NOT WRITE IN THIS SPACE

City & State

**Hollywood, FL**

City & State

**Hollywood, FL**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

**33021**

Country

Zip

**33021**

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**ROGERS, SCOTT L ESQ  
 3990 SHERIDAN STREET, SUITE 107  
 HOLLYWOOD FL 33021**

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 **MGRM** ☐ Delete  
 NAME **METZ, MARK**  
 STREET ADDRESS **469 N.E. 207 LANE, SUITE 104**  
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
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TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **3990 Sheridan Street, Suite 106**  
 CITY-ST-ZIP **Hollywood, FL 33021**

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

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

TITLE ☐ Change ☐ Addition  
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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 REQUIRED**

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

**1/30/02**

Date

**954-981-5850**

Daytime Phone #

CR2E083 (9/01)