

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003327

1. Entity Name

CONCEPT PRINTING, L.L.C.

Principal Place of Business

4915 NW 159TH ST.
MIAMI FL 33014

Mailing Address

4915 NW 159TH ST.
MIAMI FL 33014

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0924609

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLOOM, KENNETH M
1401 BRICKELL AVENUE STE 700
MIAMI FL 33131

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MEM LEVINE, ROSARIO A ☐ Delete
STREET ADDRESS 9700 S.W. 67TH AVENUE
CITY-ST-ZIP MIAMI FL

TITLE NAME MEM LYON-WEAD, DIANE A ☐ Delete
STREET ADDRESS 4321 N.W. 3RD STREET
CITY-ST-ZIP COCONUT-CREEK FL

TITLE NAME MEM LYON, ROBERT A ☐ Delete
STREET ADDRESS 3070 ST JAMES DRIVE
CITY-ST-ZIP BOCA RATON FL

TITLE NAME MEM PARDO, NADJA D ☐ Delete
STREET ADDRESS 4285 S.W. 152ND AVENUE
CITY-ST-ZIP MIRAMAR FL

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 400003602124--0
CITY-ST-ZIP -01/30/01--01093--022
*****50.00 *****50.00

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

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

TITLE NAME ☐ Change ☐ Addition
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:

Diane Lyon Wead DIANE LYON WEAD

1/16/01 954 438 9160

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

Date

Daytime Phone #

CR2E083 (11/00)

FILED

01 JAN 25 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE