

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90006 048 ****50.00

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	MEM	<input type="checkbox"/> Delete
NAME	LEVINE, ROSARIO A	
STREET ADDRESS	9700 S.W. 67TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	MEM	<input type="checkbox"/> Delete
NAME	LYON-WEAD, DIANE A	
STREET ADDRESS	4321 N.W. 3RD STREET	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	MEM	<input type="checkbox"/> Delete
NAME	LYON, ROBERT A	
STREET ADDRESS	3070 ST JAMES DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	MEM	<input type="checkbox"/> Delete
NAME	PARDO, NADJA D	
STREET ADDRESS	4285 S.W. 152ND AVENUE	
CITY-ST-ZIP	MIRAMAR FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT / MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL W. WEAD	
STREET ADDRESS	4321 NW 3RD STREET	
CITY-ST-ZIP	COCONUT CREEK, FL 33066	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)