

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003523

1. Entity Name  
800 NORTHWEST, L.L.C.

Principal Place of Business  
21250 SWEETWATER LANE NORTH  
BOCA RATON FL 33428

Mailing Address  
21250 SWEETWATER LANE NORTH  
BOCA RATON FL 33428

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 65-0926858

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

SVOPA, RICHARD T. JR.  
21250 SWEETWATER LANE, NORTH  
BOCA RATON FL 33428

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

10. ADDITIONS / CHANGES

TITLE MGRM  
NAME SVOPA, RICHARD T. JR.  
STREET ADDRESS 21250 SWEETWATER LANE, N  
CITY-ST-ZIP BOCA RATON FL 33428 ☐ Delete

TITLE  
NAME RICHARD T. SVOPA, JR.  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE MGRM  
NAME SVOPA, MAUREEN  
STREET ADDRESS 21250 SWEETWATER LANE, N  
CITY-ST-ZIP BOCA RATON FL 33428 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED  
May 06, 2002 8:00 am  
Secretary of State

05-06-2002 90128 050 \*\*\*\*50.00

004251



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)