

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

03-05-2002 90017 048 \*\*\*\*50.00

**DOCUMENT # L99000003607**

1. Entity Name

**CENTRE POINTE PARTNERS, L.C.**

Principal Place of Business

**12539 ACME DAIRY RD  
BOYNTON BEACH FL 33437**

Mailing Address

**12539 ACME DAIRY RD  
BOYNTON BEACH FL 33437**

2. Principal Place of Business

**4000 N. State Rd. 7**

3. Mailing Address

**5801 N. Congress Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite #202**

City & State

**Lauderdale Lakes, FL**

City & State

**Boca Raton, FL**

Zip

**33319**

Country

**USA**

Zip

**33487**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0928688**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

## 6. Name and Address of Current Registered Agent

**MOMBACH, GEOFFREY S ESQ.  
C/O MOMBACH, BOYLE & HARDIN, P.A.  
500 EAST BROWARD BOULEVARD, SUITE 1950  
FORT LAUDERDALE FL 33394**

## 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BILOWIT, FRED 12539 ACME DAIRY RD BOYNTON BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

**Fred Bilowit**

Date

Daytime Phone #

**1/25/02**

**561-495-5600**

CR2E083 (9/01)