

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003780

1. Entity Name

PINEDA DEVELOPMENT COMPANY, L.L.C.

Principal Place of Business

914 DIXON BOULEVARD
COCOA FL 32922

Mailing Address

914 DIXON BOULEVARD
COCOA FL 32922-6890

2. Principal Place of Business

516 Delannoy Ave

3. Mailing Address

PO Box 3767
Suite, Apt. #, etc.

City & State

City & State

Cocoa, FL

Zip

Country

Zip

32924-3767

Country

4. FEI Number

59-3591313

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GLASS, GREGORY W
1800 WEST HIBISCUS BOULEVARD
MELBOURNE FL 32902

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 RJP DEVELOPMENT COMPANY
STREET ADDRESS 3115 DIXIE HIGHWAY NE
CITY- ST- ZIP PALM BAY FL 32905 ☐ Delete

TITLE NAME MEM EKS, INC.
STREET ADDRESS PO BOX 3767
CITY- ST- ZIP COCOA FL 32924 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition
000003224110--1
-04/26/00--01009--016
*****50.00 *****50.00

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

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

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

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

Malcolm R Kirschenbaum
321-632-4936

Date

Daytime Phone #

FILED

00 APR 10 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (9/99)