

2000 UNIFORM BUSINESS REPORT (UBR)

0007135 AF

DOCUMENT # L99000003848

1. Entity Name

YOUNGROSS CARDENAL & ASSOCIATES CONSULTING ENGIN

FILED

00 FEB -2 PM 2:53

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2275 S. FEDERAL HWY., SUITE 130 350
DELRAY BEACH FL 33483

Mailing Address

2275 S. FEDERAL HWY., SUITE 130 350
DELRAY BEACH FL 33483-3332

2. Principal Place of Business

2275 S. FEDERAL HWY

3. Mailing Address

2275 S. FEDERAL HWY

Suite, Apt. #, etc.

350

Suite, Apt. #, etc.

350

City & State

DELRAY Bch, FL

City & State

DELRAY Bch, FL

Zip

33483

Country

Zip

33483

Country

4. FEI Number

65-0932257

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

YOUNGROSS, ANDREW

2275 S. FEDERAL HWY., SUITE 130
DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

Name

ANDREW YOUNGROSS

Street Address (P.O. Box Number is Not Acceptable)

2275 S. FEDERAL HWY #350

City

DELRAY Bch, FL

FL

Zip Code

33498

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

1-30-2000

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR
STREET ADDRESS YOUNGROSS, ANDREW
CITY-ST-ZIP 2275 S. FEDERAL HWY., SUITE 130 350
DELRAY BEACH FL 33483

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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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 OR MANAGER

Date

Daytime Phone #

2/2/00 NA

C-R2E083 (9/99)