

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003848

1. Entity Name

YOUNGROSS CARDENAL & ASSOCIATES CONSULTING ENGINEERS, L.L.C.

**FILED**  
Jul 30, 2002 8:00 am  
Secretary of State

07-30-2002 90426 024 \*\*\*\*50.00

0010518

Principal Place of Business  
2275 S. FEDERAL HWY., SUITE 350  
DELRAY BEACH FL 33483

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

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 65-0932257

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 350  
DELRAY BEACH FL 33498

7. Name and Address of New Registered Agent

Name Bernardo Cardenal  
Street Address (P.O. Box Number is Not Acceptable) 2275 S. Federal Hwy  
Suite 350  
City Delray Beach FL Zip Code 33483

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Bernardo Cardenal

(NOTE: Registered Agent signature required when reinstating)

7-28-2002

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

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

TITLE Bernardo Cardenal ☐ Delete  
NAME Principal  
STREET ADDRESS 2275 S Federal Hwy  
CITY-ST-ZIP Delray Beach, FL 33483

TITLE Suite 350 ☐ Delete  
NAME Delray Beach, FL 33483  
STREET ADDRESS Delray Beach, FL 33483  
CITY-ST-ZIP Delray Beach, FL 33483

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE ☐ Change ☐ 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 #

7-28-2002 561-276 0224

CR2E083 (4/02)

971677



DO NOT WRITE IN THIS SPACE