

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90005 044 ****50.00

0005466

DOCUMENT # L99000004028**1. Entity Name**
10-N, LLC**Principal Place of Business****1287 WEST ATLANTIC BOULEVARD**
POMPANO BEACH FL 33069**Mailing Address****1287 WEST ATLANTIC BOULEVARD**
POMPANO BEACH FL 33069**931511**

DO NOT WRITE IN THIS SPACE

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 **65-0932067**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00 Additional**
Fee Required**6. Name and Address of Current Registered Agent****LEVY, ALAN J**
1287 WEST ATLANTIC BOULEVARD
POMPANO BEACH FL 33069**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
MGRM
ALAN J. LEVY FAMILY PARTNERSHIP, LTD.
1287 WEST ATLANTIC BOULEVARD
POMPANO BEACH FL 33069 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete**TITLE**
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CITY-ST-ZIP ☐ Delete**TITLE**
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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**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**TITLE**
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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 REQUIRED****Alan J. Levy** **3/5/02** **954-785-9400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)