

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90030 020 \*\*\*\*50.00

**DOCUMENT # L99000004475**

1. Entity Name

**POSEIDON MANAGEMENT, L.C.**

Principal Place of Business

**1115 NE 9TH AVENUE  
 FORT LAUDERDALE FL 33304**

Mailing Address

**1115 NE 9TH AVENUE  
 FORT LAUDERDALE FL 33304**

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

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, DENNIS D  
 110 SE 6TH STREET, 15TH FLOOR  
 FORT LAUDERDALE FL 33301**

Name

**KAYE PEARSON**

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

**1115 N.E. 9TH AVE**

City

**FT. LAUD**

FL

Zip Code

**33304**

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]*

**KAYE PEARSON MGR M**

**1-24-02**

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

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete  
 NAME **PEARSON, KAYE**  
 STREET ADDRESS **1115 NE 9TH AVENUE**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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.

**954**

SIGNATURE:

*[Signature]*

**KAYE PEARSON MGR M**

**1-24-02**

**764-7642**

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

Date

Daytime Phone #

CR2E083 (9/01)