

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR -5 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000004478

1. Entity Name
CDVD LIMITED LIABILITY COMPANY

Principal Place of Business Mailing Address
7000 WEST PALMETTO PARK ROAD, SUITE 200 7000 WEST PALMETTO PARK ROAD, SUITE 200
BOCA RATON FL 33433 BOCA RATON FL 33433-3430

2. Principal Place of Business 3. Mailing Address
774 Riverside Dr. 774 Riverside Dr.
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Coral Springs, FL Coral Springs, FL
Zip 33071 Country FL USA Zip 33071 Country USA

4. FEI Number 65-0936814 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

GARELLEK, STEVEN
7000 WEST PALMETTO PARK ROAD, SUITE 200
BOCA RATON FL 33433

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

10. ADDITIONS / CHANGES

TITLE MGR
NAME PEPIN, CLAUDE
STREET ADDRESS 909, BOUL. PIERRE BERTRAND, LOCAL 120
CITY-ST-ZIP VANIER, QUEBEC CANADA ☐ Delete

TITLE MGR
NAME PEPIN, CLAUDE ☒ Change ☐ Addition
STREET ADDRESS 9167 Ramblewood Dr., # 412
CITY-ST-ZIP Coral Springs, FL 33071

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE MGR
NAME Helene Guilbault ☐ Change ☒ Addition
STREET ADDRESS 9167 Ramblewood Dr., # 412
CITY-ST-ZIP Coral Springs, FL 33071

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 100003219421-8
-04/24/00--01016--001
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:  FEE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

03-20-2000 (954) 753-1819
Date Daytime Phone #

CR2E083 (9/99)