

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004478

1. Entity Name
CDVD LIMITED LIABILITY COMPANY

Principal Place of Business
774 RIVERSIDE DRIVE
CORAL SPRINGS FL 33071

Mailing Address
774 RIVERSIDE DRIVE
CORAL SPRINGS FL 33071

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 65-0936814

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 Marc Labossiere PA
1222 NE 4th Avenue
Fort Lauderdale, FL 33304
City 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 MARC LABOSSIERE DATE 03/15/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 9167 RAMBLEWOOD DR., #412
CITY-ST-ZIP CORAL SPRINGS FL 33071 ☐ Delete

TITLE D
NAME Hammad, Iyad
STREET ADDRESS 1040 SW 10th Avenue #4
CITY-ST-ZIP Pompano Beach, FL 33069 ☐ Change ☒ Addition

TITLE MGR
NAME GUILBAULT, HELENE
STREET ADDRESS 9167 RAMBLEWOOD DR., #412
CITY-ST-ZIP CORAL SPRINGS FL 33071 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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

03-12-2001 954-753-1819
Date Daytime Phone #

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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