

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L99000005576

1. Entity Name
PARCEL O ACQUISITION, L.L.C.

00 MAY 30 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3011 ROCK ISLAND RD
MARGATE FL 33063

Mailing Address

3011 ROCK ISLAND RD
MARGATE FL 33063-7822



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

N/A

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURRAY, ROBERT W
5300 FIRST UNION FINANCIAL CENTER
200 SOUTH BISCAYNE BLVD
MIAMI FL 33131-2339

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
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
VALASSIS, NANCY P
3011 ROCK ISLAND ROAD
MARGATE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700003291647-3
-06/15/00-01085-007
*****50.00 *****50.00
M
MARTY MARTINEZ
2801 COUNTRY CLUB BLVD
DEERFIELD BEACH FL 33442

☐ Change

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☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4-25-00

954-429-0006

Date

Daytime Phone #