

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000005576**

1. Entity Name

**PARCEL O ACQUISITION, L.L.C.**

FILED

01 MAY -3 PM 2:18

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

2. Principal Place of Business

3. Mailing Address

**1948 WOODLAKE TERRACE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DEERFIELD BEACH FL**

Zip

Country

Zip

Country

**33442**

**USA**

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

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

7. Name and Address of New Registered Agent

Name

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

**400004325984**

**-05/29/01-01130-022**

City

**\*\*\*\*110.00 FL \*\*\*\*55.00**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR VALASSIS, NANCY P 3011 ROCK ISLAND ROAD MARGATE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT 1948 WOODLAKE TERRACE DEERFIELD BEACH FL 33442</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Nancy P. Valassis*

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

Date

Daytime Phone #

0007617 AF

CR2E083 (11/00)