

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005903

1. Entity Name

NO MAN EXCLUDED, L.L.C.

FILED

00 FEB -4 PM 2:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
140 BONAVENTURE BLVD., BUILDING 4, STE 111  
WESTON FL 33326

Mailing Address  
140 BONAVENTURE BLVD., BUILDING 4, STE 111  
WESTON FL 33326-1456

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applied

Zip

Country

Zip

Country

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

CORPORATION COMPANY OF MIAMI  
201 SOUTH BISCAYNE BOULEVARD, SUITE 1500  
MIAMI FL 33131

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 ☐ Delete  
NAME BICK, MANUEL A  
STREET ADDRESS 140 BONAVENTURE BLVD., BUILDING 4, STE 111  
CITY-ST-ZIP WESTON FL 33326

☐ Change ☐ Additor  
200003128382--1  
-02/09/00--01001--001  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE MGR ☐ Delete  
NAME UBIERA, RUBEN  
STREET ADDRESS 140 BONAVENTURE BLVD., BUILDING 4, STE 111  
CITY-ST-ZIP WESTON FL 33326

☐ Change ☐ Additor

TITLE MGR ☐ Delete  
NAME FRASER, DEVON  
STREET ADDRESS 140 BONAVENTURE BLVD., BUILDING 4, STE 111  
CITY-ST-ZIP WESTON FL 33326

☐ Change ☐ Additor

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Additor

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Additor

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Additor

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 REQUIRED

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

Date

Daytime Phone #