

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #**

L99000006216

1. Entity Name

New River Development Partners LLC

01

**FILED**

JUL -2 AM 8:47

Principal Place of Business

Mailing Address

8211 W. Broward Blvd.  
Suite 200  
Plantation, FL 33324

SAME

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900004475539--6

-07/13/01--01106--021

\*\*\*\*\*50.00 \*\*\*\*\*50.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0953880

Applied For

Not Applicable

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

Valdes-Fauli Corporate Services Inc.  
One Biscayne Tower Suite 3400  
2 S. Biscayne Blvd  
Miami, FL 33131

Name

Paul Eric Rosen

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

8211 W. Broward Blvd.

Suite 200

City

Plantation

FL

Zip Code

33324

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

*Paul Eric Rosen*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

6/27/01

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR  
STREET ADDRESS Rosen, Paul E.  
CITY-ST-ZIP 8211 W. Broward Blvd. Ste. 200  
Plantation, FL 33324 ☐ Delete

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

TITLE NAME MGR  
STREET ADDRESS Appugliesi, Fabio  
CITY-ST-ZIP 8211 W. Broward Blvd. Ste. 200  
Plantation, FL 33324 ☐ Delete

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*Paul Eric Rosen*

6/27/01

DATE

854-423-8362

Daytime Phone

CR2E083 (11/00)