

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

003761

**DOCUMENT # L99000006216**

1. Entity Name

**NEW RIVER DEVELOPMENT PARTNERS LLC**

03-24-2002 90047 037 \*\*\*\*\*50.00

Principal Place of Business

**8211 WEST BROWARD BLVD. STE 200  
 PLANTATION FL 33324**

Mailing Address

**8211 WEST BROWARD BLVD. STE 200  
 PLANTATION FL 33324**

2. Principal Place of Business

~~1825 Main Street~~

3. Mailing Address

~~1825 Main Street~~

Suite, Apt. #, etc.

**201**

Suite, Apt. #, etc.

**201**

City & State

**Weston FL**

City & State

**Weston FL**

Zip

**33326**

Country

**Broward**

Zip

**33326**

Country

**Broward**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0953880**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**PAUL ERIC ROSEN  
 8211 W. BROWARD BLVD., STE. 200  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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

*Paul Eric Rosen*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*3/8/02*  
 DATE

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
 NAME **ROSEN, PAUL E**  
 STREET ADDRESS **8211 WEST BROWARD BLVD., STE 200**  
 CITY-ST-ZIP **PLANTATION FL**

TITLE **MGR** ☐ Delete  
 NAME **APPUGLIESI, FABIO**  
 STREET ADDRESS **8211 WEST BROWARD BLVD, STE 200**  
 CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **Rosen, Paul Eric** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **1825 Main Street #201**  
 CITY-ST-ZIP **Weston FL 33326**

TITLE **Appugliesi, Fabio** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **202 Himmarshee St #A**  
 CITY-ST-ZIP **Ft Lauderdale FL 33301**

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 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:

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

Date

Daytime Phone #

CR2E083 (9/01)