

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006514

1. Entity Name

SOVEREIGN CAPITAL ADVISORS, LLC

Principal Place of Business

Mailing Address

4101 NORTH OCEAN BOULEVARD
STE. D1405
BOCA RATON FL 33431

4101 NORTH OCEAN BOULEVARD
STE. D1405
BOCA RATON FL 33431

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

MUNROE, W. BRADLEY ESQ.
239 EAST VIRGINIA STREET
TALLAHASSEE FL 32301

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.

(NO) 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 MGRM
STREET ADDRESS TARAGOWSKI, STANLEY
CITY-ST-ZIP 4101 NORTH OCEAN BOULEVARD, STE. D1405
BOCA RATON FL 33431

TITLE NAME MGRM
STREET ADDRESS STANLEY TARA
CITY-ST-ZIP 4101 NORTH OCEAN BLVD., SUITE D1405
BOCA RATON, FL 33431

TITLE NAME
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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 (11/00)

0014398 AF

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



STANLEY TARA 4/20/01

917-328-1342