

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006532

1. Entity Name
10491 MATEO COURT, LLC

FILED
Jan 29, 2001 8:00 A.M.
Secretary of State

Principal Place of Business
10489 MATEO COURT
BOCA RATON FL 33498

Mailing Address
10489 MATEO COURT
BOCA RATON FL 33498

2. Principal Place of Business
10491 Mateo Court

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Boca Raton, Florida

City & State

4. FEI Number 65-0956721

Applied For
Not Applicable

Zip
33498

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GLATER, SHEILA MAE
10491 MATEO COURT
BOCA RATON FL 33498

7. Name and Address of New Registered Agent

Name - Glater, Sheila Mae
Street Address (P.O. Box Number is Not Acceptable)
10489 Mateo Court
City Boca Raton FL Zip Code 33498

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 Mark E. Glater

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

(NOTE: Registered Agent signature required when reinstating)

1/15/2001
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME MEM
GLATER, MARK E
STREET ADDRESS 551 NW 135 TERRACE #203
CITY-ST-ZIP PEMBROKE PINES FL 33028 ☐ Delete

TITLE NAME MEM
GLATER, SHEILA M
STREET ADDRESS 10491 MATEO COURT
CITY-ST-ZIP BOCA RATON FL 33498 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE NAME MEM
Glater, Mark E
STREET ADDRESS 4300 Diamond Row
CITY-ST-ZIP Weston, FL 33331 ☒ Change ☐ Addition

TITLE NAME MEM
Glater, Sheila M
STREET ADDRESS 10489 Mateo Court
CITY-ST-ZIP Boca Raton, FL 33498 ☒ Change ☐ Addition

TITLE NAME
STREET ADDRESS 300003631863--9
CITY-ST-ZIP -02/02/01--01140--017
*****50.00 *****50.00 ☐ Change ☐ Addition

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

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: Mark E. Glater

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

1/15/2001
Date

Daytime Phone #

CR2E083 (11/00)