

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90061 017 ****50.00

DOCUMENT # L99000006824

1. Entity Name

BEAR HOLDINGS, LLC

Principal Place of Business

**8430 W. BROWARD BLVD., SUITE 300
 PLANTATION FL 33324**

Mailing Address

**8430 W. BROWARD BLVD., SUITE 300
 PLANTATION FL 33324**

2. Principal Place of Business

873 W. Tropical way

Suite, Apt. #, etc.

3. Mailing Address

873 W. Tropical way

Suite, Apt. #, etc.

City & State

Plantation FL

City & State

Plantation FL

Zip

33317

Country

USA

Zip

33317

Country

USA

4. FEI Number

65-1085282

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LITVAK, ELAINE
 873 WEST TROPICAL WAY
 PLANTATION FL 33317**

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

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
 NAME **LITVAK, ELAINE**
 STREET ADDRESS **873 W. TROPICAL WAY**
 CITY-ST-ZIP **PLANTATION FL 33317**

TITLE **MGRM** ☐ Delete
 NAME **LITVAK, BARIS**
 STREET ADDRESS **873 W. TROPICAL WAY**
 CITY-ST-ZIP **PLANTATION FL 33317**

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

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

TITLE ☐ Change ☐ Addition
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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 of Elaine Litvak

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

Date

Daytime Phone #

2/1/02

954-584-9572

CR2E083 (9/01)