

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -9 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000007310

1. Entity Name

ASSET & WEALTH PROTECTION, LLC

Principal Place of Business

4367 NORTH FEDERAL HIGHWAY, SUITE 102
FORT LAUDERDALE FL 33305

Mailing Address

4367 NORTH FEDERAL HIGHWAY, SUITE 102
FORT LAUDERDALE FL 33305

2. Principal Place of Business

3. Mailing Address

6278 N. Federal Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Fort Lauderdale

4. FEI Number

65-0958127

Applied For

Not Applicable

Zip

33308

Country

USA

Zip

33308

Country

USA

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

GONZALEZ, GEORGE C

4367 NORTH FEDERAL HIGHWAY, SUITE 102
FORT LAUDERDALE FL 33305

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

GEORGE C. GONZALEZ

4/10/00

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME GONZALEZ, GEORGE C
STREET ADDRESS 4367 NORTH FEDERAL HIGHWAY, SUITE 102
CITY-ST-ZIP FORT LAUDERDALE FL 33305 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MANAGER
NAME JORGE A. COLON
STREET ADDRESS 4367 N. FEDERAL HWY, STE 104
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE
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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 REQUIRED
GEORGE C. GONZALEZ

4/10/00

954-772-8222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)