

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007479

1. Entity Name
PRODUCE-ING RESULTS, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 18 AM 10:02

Principal Place of Business

1367 LYONS ROAD
COCONUT CREEK FL 33063

Mailing Address

~~1367 LYONS ROAD~~
~~COCONUT CREEK FL 33063-3908~~

MOVED



2. Principal Place of Business

2700 W. CYPRESS CREEK RD.

3. Mailing Address

SAME

Suite, Apt. #, etc.

B-111

Suite, Apt. #, etc.

City & State
FT LAUDERDALE FL

City & State

4. FEI Number

65-0961408

☒ Applied For

☐ Not Applicable

Zip
33309

Country

USA

Zip

Country

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FILINGS, INC.
3732 NORTHWEST 16TH STREET
FORT LAUDERDALE FL 33311

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

9. MANAGING MEMBERS / MEMBERS

TITLE MGRM ☐ Delete
NAME FRAGA, ANNA
STREET ADDRESS 1367 LYONS ROAD
CITY-ST-ZIP COCONUT CREEK FL 33063

TITLE MGRM ☐ Delete
NAME REITCHART, ROBERT
STREET ADDRESS 1367 LYONS ROAD
CITY-ST-ZIP COCONUT CREEK FL 33063

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 MGRM ☒ Change ☐ Addition
NAME FRAGA AGNES
STREET ADDRESS 2700 W. CYPRESS CREEK RD B-111
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE MGRM ☒ Change ☐ Addition
NAME ROBERT RITCHART
STREET ADDRESS 2700 W. CYPRESS CREEK RD B-111
CITY-ST-ZIP FT. LAUDERDALE FL 33309

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

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

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: *Agnes Fraga* REAGNES FRAGA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3/7/00 954-971-5677
Date Daytime Phone #

CR2E083 (9/99)