

2000 UNIFORM BUSINESS REPORT (UBR)

0006667 AF

DOCUMENT # L99000007623

1. Entity Name
TIMBREL, L.L.C.

FILED

00 JAN 27 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1435 SOUTHEAST 7TH COURT
DEERFIELD BEACH FL 33441

Mailing Address
1435 SOUTHEAST 7TH COURT
DEERFIELD BEACH FL 33441-5817

2. Principal Place of Business

3900 N Federal Hwy

3. Mailing Address

P.O. Box 5033

Suite, Apt., #, etc.

Suite, Apt., #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LIGHTHOUSE POINT

City & State

LIGHTHOUSE POINT

4. FEI Number

65-0959949

Applied For

Not Applicable

Zip

33064

Country

BRAND

Zip

33074

Country

BRAND

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 NAME STREET ADDRESS CITY- ST- ZIP
MGR MILLAR, ROBERT L 1435 SOUTHEAST 7TH COURT DEERFIELD BEACH FL 33442 ☐ Delete

TITLE NAME STREET ADDRESS CITY- ST- ZIP
MGR MILLAR, LORRAINE E 1435 SOUTHEAST 7TH COURT DEERFIELD BEACH FL 33442 ☐ 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 STREET ADDRESS CITY- ST- ZIP
000003118630-7 ☐ Change ☐ Addition
-02/01/00--01076--017
*****50.00 *****50.00

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

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:

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

Date

Daytime Phone #

1/21/00 [954] 941-1492

CR2E083 (9/99)