

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90272 019 \*\*\*\*\*50.00

**DOCUMENT # L99000007782**

1. Entity Name

**R.A.D. PLUS, LLC**



Principal Place of Business

**2350 DOGWOOD CT  
PEMBROKE PINES FL 33026**

Mailing Address

**2350 DOGWOOD CT  
PEMBROKE PINES FL 33026**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 84-8216**

Suite, Apt. #, etc.

City & State

**Pembroke Pines, FL**

Zip

Country

**33084**

**USA**

4. FEI Number **65-0979536**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**HELMS, JAMES E  
2350 DOGWOOD CT  
PEMBROKE PINES FL 33026**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*James E Helms*

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

(NOTE: Registered Agent signature required when reinstating)

**4/28/03**

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HELMS, JAMES E	
STREET ADDRESS	2350 DOGWOOD CT.	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MONTENEGRO-HELMS, BETTY	
STREET ADDRESS	2350 DOGWOOD CT.	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	WEISE, KENNETH J	
STREET ADDRESS	692 NW 125 COURT	
CITY-ST-ZIP	MIAMI FL 33182	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*James E Helms*

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

**4/28/03**

Date

**954-655-7587**

Daytime Phone #

CR2E083 (10/02)