

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2002 8:00 am
Secretary of State

06-19-2002 90455 023 ****50.00

DOCUMENT # L99000008190

1. Entity Name
S B VAN HOLDINGS, L.L.C.

Principal Place of Business
**350 EAST LAS OLAS BLVD., SUITE 1400
 FORT LAUDERDALE FL 33301**

Mailing Address
**350 EAST LAS OLAS BLVD., SUITE 1400
 FORT LAUDERDALE FL 33301**

2. Principal Place of Business
1600 SE 17 St.

Suite, Apt. #, etc.
Suite 306

City & State
Ft. Lauderdale, FL

Zip
33316

Country
USA

3. Mailing Address
1600 SE 17 St.

Suite, Apt. #, etc.
Suite 306

City & State
Ft. Lauderdale, FL

Zip
33316

Country
USA

4. FEI Number **65-0966486**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**AMERICAN INFORMATION SERVICES, INC.
 ONE S.E. THIRD AVENUE, 28TH FLOOR
 MIAMI FL 33131**

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 _____ (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 **BERRERD, STEVEN R**
 STREET ADDRESS **ONE FINANCIAL PLAZA, SUITE 1100**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33394**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
 NAME **BERRERD, STEVEN R.**
 STREET ADDRESS **1600 SE 17 St. Suite 306**
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33316**

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

TITLE ☐ Change ☐ Addition
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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: *Jack Lynn* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/02 **954-713-1189**
 Date Daytime Phone #

CR2E083 (9/01)