

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008233

1. Entity Name

COMPSON, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP -8 AM 10:02

Principal Place of Business

980 N. FEDERAL HIGHWAY, SUITE 400
BOCA RATON FL 33432

Mailing Address

980 N. FEDERAL HIGHWAY, SUITE 400
BOCA RATON FL 33432

2. Principal Place of Business

980 N. Federal Highway

3. Mailing Address

980 N. Federal Highway

Suite, Apt. #, etc.

#200

Suite, Apt. #, etc.

#200

City & State

Boca Raton, Fl

City & State

Boca Raton, Fl

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

33432

Country

USA

Zip

33432

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

KAMRADT, RUSSELL T

777 SOUTH FLAGLER DRIVE, SUITE 900
WEST PALM BEACH FL 33401

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/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
COMPARATO, JAMES
980 N. FEDERAL HIGHWAY, SUITE 400
BOCA RATON FL 33432

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400003391234--2
-09/13/00--01042--015
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☐ Change ☐ Addition

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☐ 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 #

CR2E083 (5/00)