

# 2000 UNIFORM BUSINESS REPORT (UBR)

L99000008605

DOCUMENT #

1. Entity Name

B&B, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP -5 AM 10: 02

Principal Place of Business

14850 N.W. 44 CT  
SUITE 249  
OPA LOCKA, FL 33054

Mailing Address

57 SEABREEZE AVE.  
DELRAY BEACH, FL  
33483

2. Principal Place of Business

14850 N.W. 44 CT.  
SUITE 249

3. Mailing Address

57 SEABREEZE AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OPA LOCKA, FL

City & State

DELRAY BEACH, FL

Zip

33054

Country

USA

Zip

33483

Country

USA

4. FEI Number

65-100-21-05

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WILLIAM V. OTT  
57 SEABREEZE AVE.  
DELRAY BEACH, FL 33483

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 ☐ Delete  
MGM WILLIAM V. OTT  
STREET ADDRESS 57 SEABREEZE AVE.  
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE NAME ☐ Delete  
MGM ROBERT C. OTT  
STREET ADDRESS 1851 THATCH PALM DR.  
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE NAME ☐ Change ☐ Addition  
100003390961-4  
-09/13/00--01014--016  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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:

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

Date

Daytime Phone #

William V. Ott WILLIAM V. OTT 5/22/00

CR2E083 (11/99)