54-966-1715

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L9900008651 1. Entity Name BANDAM ENTERPRISES LLC				FILED 01 JAN 22 AM 8: 36			
Principal Place of Business 3977 JOG RD. STE. 2 LAKE WORTH FL 33467		Mailing Address 3850 LAKE WORTH RD STE. 1 LAKE WORTH FL 33463		SECRETARY OF STATE TABLE AHASSEE, FLERIDA			
2. Principal Place of Business 3. M		3. Mailing Address	· · · · · · · · · · · · · · · · · · ·		iil eeisi isile ellei		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number 65-0970512 Applied For Not Applicable			
Zip Country Z		Zip	Country	5. Certificate of Status Desired Specificate Specifica			
	- C: Name and Address of Current	Posistored Asset					
	6Name and Address of Current	Registered Agent	Name				
	, robert 3 rd., ste. 2	· ·	Street Address	P.O. Box Number is Not Acceptable)			
LAKE WO	ORTH FL 33467	·					
			City		Zip Code)	
8. The above	named entity submits this statement for	r the purpose of changing its r	registered office or registe	ered 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 require	ed when reinstating) DATE			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of							
9.	MANAGING MEMB	ERS/MEMBERS	10.	ADDITIONS/CHANGI	ES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM D'AMICO, JOHN A 3977 JOG RD. LAKE WORTH FL 33467	; Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BANUCHI, ROBERT J 3977 JOG RD. LAKE WORTH FL 33467	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	20000358; -01/26/01-	Change 2372 -01136-0	□ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	*****5U, U		old Abakion	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	W.	☐ Change	☐ Addition	
TITLE NAME STREE ADDRESS	/	□ Delete	TITLE NAME STREET ADDRESS		Change	Addition	
CITY-ST-ZIP			CITY-ST-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition	
indicated	certify that the information supplied with on this report is true and accurate and bility company or the receiver or truste	that my signature shall have t	he same legal effect as if	Section 119.07(3)(i), Florida Statutes. I further of made under oath; that I am a managing men pter 608, Florida Statutes.	ertify that the in ber or manage	oformation r of the	