## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 28, 2002 8:00 am <sup>§</sup> Secretary of State DOCUMENT # L9900008847 01-28-2002 90021 026 \*\*\*\*50.00 SOUTHERN BOULEVARD HOLDINGS, L.L.C. Principal Place of Business Mailing Address 6604 EASTVIEW DRIVE 6604 EASTVIEW DRIVE LANTANA FL 33462 LANTANA FL 33462 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0967656 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KRAMER, ROBERT M Street Address (P.O. Box Number is Not Acceptable) 4000 HOLLYWOOD BLVD., SUITE 485 SOUTH HOLLYWOOD FL 33021 City Zin 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME PULTS, LEON C NAME STREET ADDRESS 6604 EASTVIEW DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LANTANA FL 33462 MGR ☐ Delete TIT! F Change Addition TITLE PULTS, GALE A NAME NAME STREET ADDRESS STREET ADDRESS 6604 EASTVIEW DRIVE CITY-ST-ZIP CITY-ST-7IP LANTANA FL 33462 ☐ Delete TITLE ☐ Change . Addition . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

ion supplied with this time does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 eceiver of trustee impowered to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the informal indicated on this report is true limited liability company or the

CITY-ST-ZIP

CITY-ST-7IP

AGNADIRE BEQUIPETS

R PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-7-02 561-964-4666

**FILED**