

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN 23 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L99000009051

i. Entity Name

EDLENOSE NO. 1, L.C.

Principal Place of Business

Mailing Address

898 NE 88th ST
MIAMI, FL 33138

Same

2. Principal Place of Business

898 NE 88th ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Same

Zip

33138

Country

USA

Zip

Country

4. FEI Number

☒ 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

7. Name and Address of New Registered Agent

SANDRA ELLIOTT - MGR
898 NE 88th ST.
MIAMI, FL 33138

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 *Sandra Elliott*

SANDRA ELLIOTT

4/3/2000

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

10. ADDITIONS / CHANGES

TITLE MGR
NAME ERNEST F. ELLIOTT
STREET ADDRESS 898 NE 88th ST
CITY-ST-ZIP MIAMI, FL 33138

☐ Delete

TITLE MGR
NAME SANDRA ELLIOTT
STREET ADDRESS 898 NE 88th ST
CITY-ST-ZIP MIAMI, FL 33138

☐ Delete

TITLE MGR
NAME LISA KELLER
STREET ADDRESS 8005 LAKEBRIAR CT
CITY-ST-ZIP PLANTATION, FL 33326

☐ Delete

TITLE MGR
NAME TAMMY MCCOY
STREET ADDRESS 29 MILANO DR
CITY-ST-ZIP ROUGH KEEPER, NY 12643

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
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CITY-ST-ZIP
700003313037--1
-07/05/00--01072--001
*****330.00 *****55.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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: *Sandra Elliott*

SANDRA ELLIOTT

4/3/2000 305 754-6995

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

Date

Daytime Phone #

CR2E083 (1/199)