

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 JUN 23 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

L99000009052

## DOCUMENT #

1. Entity Name

NEEDLENOSE NO. 2, L.C.

Principal Place of Business

Mailing Address

898 NE 88<sup>th</sup> ST  
Miami, FL 33138

SAME

2. Principal Place of Business

3. Mailing Address

898 NE 88<sup>th</sup> ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33138

USA

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  
898 NE 88<sup>th</sup> 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 *Pres. MGR* ☐ Delete  
NAME *ERNEST F. ELLIOTT*  
STREET ADDRESS *898 NE 88<sup>th</sup> ST*  
CITY-ST-ZIP *Miami, FL 33138*

TITLE *900003313033* ☐ Change ☐ Addition  
NAME *-07/05/00--01072--001*  
STREET ADDRESS *\*\*\*\*330.00 \*\*\*\*55.00*  
CITY-ST-ZIP

TITLE *S. MGR* ☐ Delete  
NAME *SANDRA ELLIOTT*  
STREET ADDRESS *898 NE 88<sup>th</sup> ST*  
CITY-ST-ZIP *Miami, FL 33138*

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

TITLE *MGR* ☐ Delete  
NAME *LISA KELLER*  
STREET ADDRESS *8005 LAKEVIEW CT*  
CITY-ST-ZIP *Plantation, FL 33326*

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

TITLE *MGR* ☐ Delete  
NAME *Tammy McCourt*  
STREET ADDRESS *29 Milano Dr*  
CITY-ST-ZIP *Poughkeepsie, N.Y. 12603*

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

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
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: *Sandra Elliott*

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

Date

Daytime Phone #

305  
4/2/2000 754-6995

CR2E083 (11/99)