

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009052

1. Entity Name
NEEDLENOSE NO. 2, L.C.

Principal Place of Business
898B N.E. 88TH STREET
MIAMI FL 33138

Mailing Address
898B N.E. 88TH STREET
MIAMI FL 33138

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

APPLIED FOR

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ELLIOTT, SANDRA
898 NE 88 STREET
MIAMI FL 33138

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 MGRM
NAME ELLIOTT, ERNEST F ☐ Delete
STREET ADDRESS 898 NE 88 STREET
CITY-ST-ZIP MIAMI FL 33138

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

TITLE NAME MGRM
NAME KELLER, SANDRA LISA ☐ Delete
STREET ADDRESS 898 NE 88 STREET 1720 SW 3rd AVE
CITY-ST-ZIP MIAMI FL 33138 Pompano Bch, 33060

TITLE NAME MGRM
NAME MCCOURT, TAMMY ☐ Delete
STREET ADDRESS 29 MILANO DR. 33 MILANO DR.
CITY-ST-ZIP POUGHKEEPSIE NY 12603

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME 50.00 ☐ Change ☐ Addition
STREET ADDRESS 5.00
CITY-ST-ZIP

TITLE NAME 7000038198 ☐ Change ☐ Addition
NAME -03/08/01--01086--012
STREET ADDRESS *****330.00 *****55.00
CITY-ST-ZIP

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

TITLE NAME ☐ Change ☐ Addition
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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED
01 MAR -1 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



0032280 SP

CR2E083 (11/00)

SS-4

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

202

Keep a copy for your records.

NEEDLENOSE NO. 1, 2, 3, 4, 5 & 6, LLC'S

SANDRA L. ELLIOTT

898 NE 88TH ST

MIAMI, FL 33138

Dade, Florida

ERNEST F. ELLIOTT

109-24-9761

State: Florida Federal: SSA or dependent SSA
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SANDRA L. ELLIOTT
 Sandra L. Elliott

305754-6995

2/18/01

Note