

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009054

1. Entity Name

NEEDLENOSE NO. 4, L.C.

Principal Place of Business

890B N.E. 88TH STREET
MIAMI FL 33138

Mailing Address

890B 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

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

7. Name and Address of New Registered Agent

ELLIOTT, SANDRA
898 NE 88 STREET
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

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
50.00
8.00

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
900003819879-0
03/03/01-01086-012-
*****330.00 *****55.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
MGRM
KELLER, LISA
8005 LAKEPOINTE CT
PLANTATION FL 33326

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
1720 SW 34 Ave
Pompano Bch, FL

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
33060

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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 #

2/18/01 305 754-6995

FILED

01 MAR -1 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

0002283

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

292

Keep a copy for your records.

NEEDLE NOSE 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

1. Name of the entity

2. Federal tax classification

3. State of incorporation

4. Date of formation

5. Principal business activity

6. Reason for application

7. Other information

8. Signature of applicant

9. Date of application

10. Other information

11. Other information

12. Other information

13. Other information

14. Other information

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48. Other information

49. Other information

50. Other information

SANDRA L. ELLIOTT

Sandra L. Elliott

Note

305 754-6995

2/18/01

SS-4