

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90189 001 ***330.00

DOCUMENT # L99000009055

1. Entity Name

NEEDLENOSE NO. 5, L.C.

Principal Place of Business

**898 NE 88TH STREET
 MIAMI FL 33138**

Mailing Address

**898 NE 88TH STREET
 MIAMI FL 33138**

2. Principal Place of Business

9125 N. Bayshore Dr.
 Suite, Apt. #, etc.

3. Mailing Address

9125 N. Bayshore
 Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33138

Country

USA

Zip

33138

Country

USA



DO NOT WRITE IN THIS SPACE

65-1089256

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ELLIOTT, ERNEST F	
STREET ADDRESS	898 NE 88 STREET	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	ELLIOTT, SANDRA	
STREET ADDRESS	898 NE 88 STREET	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	KELLER, LISA	
STREET ADDRESS	1720 SW 3RD AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MCCOURT, TAMMY	
STREET ADDRESS	29 MILANO DR.	
CITY-ST-ZIP	POUGHKEEPSIE NY 12603	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Sandra Elliott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/16/02

Date

**305
 754-6995**

Daytime Phone #

CR2E083 (9/01)