

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009056

1. Entity Name
NEEDLENOSE NO. 6, 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

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

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

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

TITLE NAME MGRM MCCOURT, TAMMY
STREET ADDRESS 29 MILANO DR.
CITY-ST-ZIP POUGHKEEPSIE NY 12160-3 ☐ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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

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 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

APPLIED FOR

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

CR2E083 (11/00)

SS-4

Application for Employer Identification Number

2 of 2

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

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

109-24-976

1. Name of the entity: NEEDLE NOSE NO. 1, 2, 3, 4, 5 & 6, LLC'S
2. State: FL
3. Date of formation: December 1999
4. Principal office address: 898 NE 88th ST, MIAMI, FL 33138
5. Mailing address: 898 NE 88th ST, MIAMI, FL 33138
6. Tax status: ☒ Sole proprietorship ☐ Partnership ☐ Corporation ☐ Trust ☐ Estate ☐ Church ☐ Government agency ☐ Other

7. Date of formation: December 1999
8. Date of filing: December
9. Reason for filing: ☒ Initial filing ☐ Change of name ☐ Change of address ☐ Change of tax status ☐ Other

10. Name of the entity: Needle Holding LLC

11. Date of filing: 2/18/01

12. Signature of the owner: SANDRA L. ELLIOTT
13. Date: 2/18/01
14. EIN: 305754-6995