

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-17-2002 90189 001 ***330.00

DOCUMENT # L99000009056

1. Entity Name

NEEDLENOSE NO. 6, L.C.

Principal Place of Business

~~0000 N.E. 88TH STREET~~
MIAMI FL 33138

Mailing Address

~~0000 N.E. 88TH STREET~~
MIAMI FL 33138

2. Principal Place of Business

9125 N Bayshore
 Suite, Apt. #, etc.

3. Mailing Address

9125 N Bayshore
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

65-1089259

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

33138

Country

USA

Zip

33138

Country

USA

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

☐ Delete

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

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

☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
MGRM
KELLER, LISA
1720 SW 3RD AVE
POMPANO BEACH FL 33060

☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
MGRM
MCCOURT, TAMMY
29 MILANO DR. 229 Noyes Road
POUGHKEEPSIE NY 12160-3

☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

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

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

1/16/02

305 754-6995

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

Date

Daytime Phone #

CR2E083 (9/01)