

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009350

1. Entity Name

FAMILY TRIBUTE CENTER, L.L.C.

Principal Place of Business

3921 SW 47th Ave #1010
DAVIC FL 33314
US

Mailing Address

P.O. Box 292037
DAVIC FL 33329
US

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

65-0970773

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 MAY -3 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

Forman, Miles A
888 SE 3rd Ave Suite 501
FT Lauderdale FL 33316

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

400004335094
-05/31/01--01005--013
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☒ Addition
NAME PSD
STREET ADDRESS Miles, Forman A.
CITY-ST-ZIP 888 SE 3rd Ave Suite 501
FT Lauderdale FL 33316

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

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TITLE ☐ Change ☐ 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:

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

Date

Daytime Phone #

4/30/01

CR2E083 (11/00)