

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90201 029 ****50.00

DOCUMENT # **L99000009350**

1. Entity Name

FAMILY TRIBUTE CENTER, L.L.C.

Principal Place of Business

**3921 SW 47 AVE., #1010
 DAVIE FL 33314**

Mailing Address

**P.O. BOX 292037
 DAVIE FL 33329**

2. Principal Place of Business

2895 DAVIE Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVIE FL

City & State

Zip

33314

Country

U.S.

Zip

Country

4. FEI Number

65-0970773

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**FORMAN, M. AUSTIN
 888 S.E. THIRD AVENUE, SUITE 501
 FORT LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

D

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** ☐ Delete
 NAME **FORMAN, M. AUSTIN**
 STREET ADDRESS **888 S.E. THIRD AVENUE, SUITE 501**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☒ Addition
 NAME **MGRM.**
 NAME **ESPOSITO, Christopher**
 STREET ADDRESS **2895 DAVIE Rd**
 CITY-ST-ZIP **DAVIE FL 33314**

TITLE ☐ Change ☒ Addition
 NAME **MGR**
 NAME **OLIVER, ALISON**
 STREET ADDRESS **888 SE Third Ave Sk 501**
 CITY-ST-ZIP **Fort Lauderdale FL 33316**

TITLE ☐ Change ☒ Addition
 NAME **MGRM**
 NAME **DEBELTRAND, ROBERT**
 STREET ADDRESS **2895 DAVIE Rd**
 CITY-ST-ZIP **DAVIE FL 33314**

TITLE ☐ Change ☒ Addition
 NAME **MGR**
 NAME **TRUMBACH, ANDREW**
 STREET ADDRESS **888 SE Third Ave Sk 501**
 CITY-ST-ZIP **Fort Lauderdale FL 33316**

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]

4/23/02

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

Date

Daytime Phone #

CR2E083 (9/01)

0032851