

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000001499

1. Entity Name  
FIRST PLACE DEVELOPMENT, L.L.C.

FILED

01 FEB 19 PM 5:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
18255 S.W. 68TH CT.  
FT. LAUDERDALE FL 33331

Mailing Address  
18255 S.W. 68TH CT.  
FT. LAUDERDALE FL 33331

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 73-1592958

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

10. ADDITIONS/CHANGES

TITLE NAME MGR RODRIGUES, ALEXANDER ☐ Delete  
STREET ADDRESS 18255 S.W. 68TH CT.  
CITY-ST-ZIP FT. LAUDERDALE FL 33331

TITLE NAME Secretary ☐ Change ☒ Addition  
NAME Morris, Shannon  
STREET ADDRESS 11802 E 83rd Pl N  
CITY-ST-ZIP Aventura, OK 74055

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 100003746261--0  
CITY-ST-ZIP -02/21/01--0115--015  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
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TITLE NAME ☐ 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 #

Shannon Morris, Secretary Shannon Morris 2/09/01 274-7247 (918)

0013041 AF CR2E083 (11/00)