

# 2001 UNIFORM BUSINESS REPORT (UBR)

0028176 AF

DOCUMENT # M96000000440

1. Entity Name  
WESTERN CAPITAL DESIGN, LLC

FILED

4/19

Principal Place of Business  
6301 COLLINS AVENUE, SUITE 2601  
MIAMI BEACH FL 33141

Mailing Address  
P.O. BOX 800808  
AVENTURA FL 33280-0808

FILED  
Apr 19, 2001 8:00 A.M.  
Secretary of State

2. Principal Place of Business  
3370 NE 190th Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Aventura, FL

City & State

4. FEI Number 13-3804176

Applied For  
Not Applicable

Zip  
33180

Country  
USA

Zip

Country

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

ROCANOVA, MARK  
6301 COLLINS AVENUE, SUITE 2601  
MIAMI BEACH FL 33141

Name  
Mark Rocanova  
Street Address (P.O. Box Number is Not Acceptable)  
3370 NE 190th St, Suite 1403  
City Aventura FL Zip Code 33180

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 *Mark Rocanova*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/6/01

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

100004036661--B  
-04/20/01--01122--004  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME MGRM  
STREET ADDRESS ROCANOVA, MARK  
CITY-ST-ZIP 6301 COLLINS AVENUE, SUITE 2601  
MIAMI BEACH FL 33141 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 3370 NE 190th St, Suite 1403 ☒ Change ☐ Addition  
CITY-ST-ZIP Aventura, FL 33180

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
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: *Mark Rocanova*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/6/01  
Date

Daytime Phone #

CP2E083 (11/00)