

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90040 009 \*\*\*\*50.00

**DOCUMENT # M99000001518**

1. Entity Name

**NATLIS CAPITAL, L.L.C.**

Principal Place of Business

**100 CYPRESS CREEK ROAD, STE. 645  
FT. LAUDERDALE FL 33309**

Mailing Address

**100 CYPRESS CREEK ROAD, STE. 645  
FT. LAUDERDALE FL 33309**

2. Principal Place of Business

**1200 North Federal Highway**Suite, Apt. #, etc.  
**Suite 401**City & State  
**Boca Raton, FL**Zip  
**33432**Country  
**USA**

3. Mailing Address

**1200 North Federal Highway**Suite, Apt. #, etc.  
**Suite 401**City & State  
**Boca Raton, FL**Zip  
**33432**Country  
**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0941491**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SVETE, DAVID W 1200 N. FEDERAL HIGHWAY, SUITE 401 BOCA RATON FL 33432</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SVETE, WILLIAM J 6055 EAST VALLEY VIEW MENTOR OH 44060</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR LANGE, ROGER W 100 CYPRESS CREEK ROAD, SUITE 645 FT. LAUDERDALE FL 33309</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:** Roger Lange **Roger Lange**

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

Date

Daytime Phone #

2/19/2002 **561 955 9000**

CR2E083 (9/01)