

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 21, 2001 08:00 AM

Secretary of State

DOCUMENT # P93000064214

1. Entity Name
LLERRAD INTERNATIONAL, INC.

Principal Place of Business
7889 SADDLEBROOK DRIVE
PORT ST LUCIE FL 34986
Mailing Address
PO BOX 12936
FT PIERCE FL 34947

2. Principal Place of Business
1717 N. BAYSHORE DR. 7889 SADDLEBROOK DRIVE
3. Mailing Address
1717 N. BAYSHORE DR.

Suite, Apt. #, etc.
SUITE 2800

City & State
MIAMI FL

Zip
33132

6. Name and Address of Current Registered Agent
STARKE LEONARDO D.
3340 MCDONALD ST.
SUITE 3600
MIAMI FL 33133

4. FEI Number
59-3209533

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

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 _____ DATE 07/21/2001
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒
10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VT	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COLLINS PATSY			NAME			
STREET ADDRESS	7889 SADDLEBROOK DR			STREET ADDRESS			
CITY-ST-ZIP	PORT ST LUCIE FL			CITY-ST-ZIP			
TITLE	VS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAYWOOD ROSE M			NAME			
STREET ADDRESS	7889 SADDLEBROOK DR			STREET ADDRESS			
CITY-ST-ZIP	PORT ST LUCIE FL			CITY-ST-ZIP			
TITLE	PDM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCNEIL RYAN D			NAME			
STREET ADDRESS	1717 N BAYSHORE DR			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ryan McNeil PDM 07/21/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)