

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **Z00195**

1. Entity Name
BRUCE & JOSE, L.C.

FILED

01 APR 30 PM 5:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0007502
AF

Principal Place of Business 20 N.E. 6TH STREET POMPANO BEACH FL 33060	Mailing Address 20 N.E. 6TH STREET POMPANO BEACH FL 33060
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DO NOT WRITE IN THIS SPACE **MJH**

2. Principal Place of Business 2100 Park Central Blvd N	3. Mailing Address 2100 Park Central Blvd N
Suite, Apt. #, etc. 100	Suite, Apt. #, etc. 100

City & State Pompano Bch, FL	City & State Pompano Bch, FL
Zip 33064	Zip 33064
Country USA	Country USA

4. FEI Number **65-0226578** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**GRAWERT, BRUCE A.
20 N.E. 6TH STREET
POMPANO BEACH FL 33060**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
**2100 Park Central Blvd N
S - 100
Pompano Bch FL Zip Code 33064**

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 _____ (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

TITLE MEM	<input type="checkbox"/> Delete
NAME GRAWERT, BRUCE A.	
STREET ADDRESS 20 N.E. 6TH STREET	2100 Park Central Blvd N
CITY-ST-ZIP POMPANO BEACH FL 33060	Pompano Bch, FL 33064

10. ADDITIONS / CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	800004220428--1
CITY-ST-ZIP	-05/16/01 --01097--017
	*****50.00 *****50.00

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: _____ **4/25/01** **954-942-3660**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)