

2003  
**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **Z00195**

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

**FILED**

03 MAY 20 10:30

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business <del>20 N.E. 6TH STREET</del> <b>POMPANO BEACH FL 33060</b>	Mailing Address <del>20 N.E. 6TH STREET</del> <b>POMPANO BEACH FL 33060</b>
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2. Principal Place of Business <b>2100 Park Central Blvd N</b> Suite, Apt. #, etc. <b>100</b>	3. Mailing Address <b>2100 Park Central Blvd N</b> Suite, Apt. #, etc. <b>100</b>
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City & State <b>Pompano Bch, FL</b>	City & State <b>Pompano Bch, FL</b>	4. FEI Number <b>65-0226578</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33064</b>	Country <b>USA</b>	Zip <b>33064</b>	Country <b>USA</b>

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

DO NOT WRITE IN THIS SPACE

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		10. ADDITIONS / CHANGES	
TITLE MEM NAME GRAWERT, BRUCE A. STREET ADDRESS <del>20 N.E. 6TH STREET</del> <b>2100 Park Central Blvd N</b> CITY-ST-ZIP <del>POMPANO BEACH FL 33060</del> <b>Pompano Bch, FL 33064</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
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 05/20/03--01035--007 \*\*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.