

2003

**2003-2004 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # **Z00195**

1. Entity Name

BRUCE &amp; JOSE, L.C.

Principal Place of Business

20 N.E. 6TH STREET  
POMPANO BEACH FL 33060

Mailing Address

20 N.E. 6TH STREET  
POMPANO BEACH FL 33060

FILED

03 MAY 20 PM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 &amp; State

Pompano Bch, FL

City &amp; State

Pompano Bch, FL

Zip

33064

Country

USA

Zip

33064

Country

USA

4. FEI Number

65-0226578

Applied For

Not Applicable

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

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

9. MANAGING MEMBERS / MEMBERS

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

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

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.