

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90224 018 ****50.00

DOCUMENT# Z00324

1. Entity Name
FRIEDCO, L.C.

Principal Place of Business

**2501 S. OCEAN DRIVE
HOLLYWOOD FL 33019**

Mailing Address

**2501 S. OCEAN DRIVE
HOLLYWOOD FL 33019**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

#419

Suite, Apt. #, etc.

#419

City & State

City & State

4. FEI Number **65-0232378**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FROST, IRWIN M
100 SOUTHEAST 2ND ST.
37TH FL.
MIAMI FL 33131**

Name

Street Address (P.O. Box Number is Not Acceptable)

1111 BRICKELL AVE.

SUITE 2050

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

10. ADDITIONS / CHANGES

TITLE ☐ Delete
NAME **M**
STREET ADDRESS **FRIEDLAND, JACK**
CITY-ST-ZIP **186 SPYGLASS LANE
JUPITER FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **M**
STREET ADDRESS **FRIEDLAND, HAROLD**
CITY-ST-ZIP **16420 MADDALENA PLACE
DELRAY BEACH FL 33446**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **M**
STREET ADDRESS **COWAN, MARJORIE F.**
CITY-ST-ZIP **1615 DIPLOMAT PKWY.
HOLLYWOOD FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **M**
STREET ADDRESS **FRIEDLAND, LEONARD**
CITY-ST-ZIP **4000 TOWERSIDE TERRACE
MIAMI FL 33138**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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.

SIGNATURE:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

4-10-02 (954) 927-3080

CR2E083 (9/01)