

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # Z00324

1. Entity Name
FRIEDCO, L.C.



Principal Place of Business
2501 S. OCEAN DRIVE
#419
HOLLYWOOD, FL 33019

Mailing Address
2501 S. OCEAN DRIVE
#419
HOLLYWOOD, FL 33019

2. Principal Place of Business
P.O. Box 551150
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 551150
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Ft. Lauderdale FL
Zip
33355 Country
USA

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Ft. Lauderdale FL
Zip
33355 Country
USA

4. FEI Number
65-0232378 Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FROST, IRWIN M
1111 BRICKELL AVE
SUITE 2050
MIAMI, FL 33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's Signature required when withdrawing)

DATE



9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
M	FRIEDLAND, JACK	186 SPYGLASS LANE	JUPITER, FL	
M	FRIEDLAND, HAROLD	16420 MADDALENA PLACE	DELRAY BEACH, FL 33446	
M	COWAN, MARJORIE F.	1616 DIPLOMAT PKWY.	HOLLYWOOD, FL	
M	FRIEDLAND, LEONARD	4000 TOWERSIDE TERRACE	MIAMI, FL 33138	

10. ADDITIONS/CHANGES

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

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 606, Florida Statutes.

SIGNATURE:

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

J H FRIEDLAND

Date

(954) 927-3080

Daytime Phone #

FILED

03 APR 23 AM 11:31

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

FILED (1002)

04/23/03--01045--015 *** 30.00