

# 2001 UNIFORM BUSINESS REPORT (UBR)

000 222 AF

DOCUMENT # L00000001051

1. Entity Name  
NAZARI ASSOCIATES IV, LLC

Principal Place of Business

3500 N. 55TH AVENUE  
HOLLYWOOD FL 33021

Mailing Address

3500 N. 55TH AVENUE  
HOLLYWOOD FL 33021

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1065806

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROSEN, LAWRENCE N  
2925 AVENTURA BLVD., STE. 308  
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name EFRAM SARAGOVIA

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

3500 N 55 AVE

City HOLLYWOOD

FL

Zip Code 33021

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.

EFRAM SARAGOVIA MGRM

(NOTE: Registered Agent signature required when reinstating)

03/21/01

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM EFRAM SARAGOVIA  
STREET ADDRESS 3500 N 55 AVE  
CITY-ST-ZIP HOLLYWOOD FL 33021

☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME 900003959559-1  
STREET ADDRESS -04/04/01--01093--018  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 608, Florida Statutes.

SIGNATURE:

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

MARCH 21/01

Date

(954) 429 1123

Daytime Phone #

CR2E083 (11/00)