

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90202 017 ****50.00

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DOCUMENT # L00000015697

1. Entity Name
C&S DELRAY, L.C.

Principal Place of Business

6553 LANDINGS COURT
 BOCA RATON FL 33496

Mailing Address

6553 LANDINGS COURT
 BOCA RATON FL 33496

960635



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1078559**

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

SHOCHET, STEPHEN L
 2500 N. MILITARY TR., SUITE 205
 BOCA RATON FL 33431

Name **E.H.G. Resident Agents, Inc.**
 Street Address (P.O. Box Number is Not Acceptable)
5100 TOWN CENTER CIRCLE
SUITE 430
 City **BOCA RATON** FL Zip Code **33496**

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 *Edward H. Gilbert* **Edward H. Gilbert**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

2/13/02
 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
 NAME **MGR SAPERSTEIN, HOWARD** ☐ Delete
 STREET ADDRESS **6553 LANDINGS COURT**
 CITY-ST-ZIP **BOCA RATON FL 33496**

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

TITLE
 NAME **MGR CANTER, ARTHUR** ☐ Delete
 STREET ADDRESS **7813 MONTECITO PLACE**
 CITY-ST-ZIP **DELRAY BEACH FL 33446**

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
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TITLE
 NAME ☐ Change ☐ Addition
 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: *HOWARD M. SAPERSTEIN*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/26/02 **561-895-9252**
 Date Daytime Phone #

CR2E083 (9/01)