

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000515

1. Entity Name

GLANTZ HOLDINGS, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP -8 AM 10:02

Principal Place of Business

5012 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33021

Mailing Address

5012 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33021



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

65-0831312

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

BASEMAN, ALAN H

200 EAST LAS OLAS BLVD., SUITE 1900
FORT LAUDERDALE FL 33301

Name

Steven P Fischer

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

300 S Pine Island Road Suite 110

City

Plantation

FL

Zip Code

33324

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)

9/14/02
DATE

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME GLANTZ, WILLIAM ☒ Delete
STREET ADDRESS 5012 HOLLYWOOD BOULEVARD
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE
NAME
STREET ADDRESS 400003391904--0
CITY-ST-ZIP -09/13/00--01078--015

TITLE MGR
NAME GLANTZ, DANIEL ☐ Delete
STREET ADDRESS 5012 HOLLYWOOD BOULEVARD
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE
NAME
STREET ADDRESS *****50.00 ☐ Change ☐ Addition
CITY-ST-ZIP *****50.00

TITLE MGR
NAME GLANTZ, TONI ☐ Delete
STREET ADDRESS 5012 HOLLYWOOD BOULEVARD
CITY-ST-ZIP HOLLYWOOD FL 33021

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 OR MANAGER

Date

Daytime Phone #

(954) 929-4530

CR2E083 (5/00)