

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 22 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



mm

DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000002040

1. Entity Name
1719 PROPERTIES, LLC

Principal Place of Business
2929 EAST COMMERCIAL BLVD., SUITE 410
FORT LAUDERDALE FL 33308

Mailing Address
2929 EAST COMMERCIAL BLVD., SUITE 410
FORT LAUDERDALE FL 33308-4220

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
65-0910638

Applied For
Not Applicable

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

CAMERON, CARA EBERT
2929 EAST COMMERCIAL BLVD., SUITE 410
FORT LAUDERDALE FL 33308

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

700003246807--9
-05/10/00--01079--005
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME CAMERON, CARA EBERT
STREET ADDRESS 2929 EAST COMMERCIAL BLVD., SUITE 410
CITY-ST-ZIP FORT LAUDERDALE FL 33308 ☐ Delete

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

TITLE MGRM
NAME SMITH, BARRY J
STREET ADDRESS 618 ARBOR LAKE LANE
CITY-ST-ZIP TAMPA FL 33602 ☐ Delete

TITLE MGRM
NAME Smith, Barry J.
STREET ADDRESS 2929 East Commercial Blvd., Suite 410
CITY-ST-ZIP Ft. Lauderdale, Fl. 33308 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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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:

Cara Ebert Cameron
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Cara Ebert Cameron, Managing Member

954-771-9221

Date

Daytime Phone #

CR2E083 (9/99)