

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0009505
AF

DOCUMENT # **L99000006341**
1. Entity Name
V.M. HAZAN, LLC

00 JUN -6 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
27 FLETCHER AVENUE **27 FLETCHER AVENUE**
SARASOTA FL 34237 **SARASOTA FL 34237-6017**



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 Applied For
22-367-8295 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
FINKELSTEIN, DAVID
27 FLETCHER AVENUE
SARASOTA FL 34237

7. Name and Address of New Registered Agent
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MEMBERS			
TITLE	MGR.	<input type="checkbox"/> Delete	
NAME	Victor HAZAN		
STREET ADDRESS	1211 GULF OF MEXICO DRIVE APT. 109		
CITY-ST-ZIP	SARASOTA, FLORIDA, 34228		
TITLE	MGR.	<input type="checkbox"/> Delete	
NAME	Marcella HAZAN		
STREET ADDRESS	1211 GULF OF MEXICO DR. APT 109		
CITY-ST-ZIP	SARASOTA, FLORIDA 34228		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

10. ADDITIONS/CHANGES			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS	800003297328-3		
CITY-ST-ZIP	-05/20/00-01061-006		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS	*****50.00		
CITY-ST-ZIP	Change: 50.00		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
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: **DAVID FINKELSTEIN, MANAGING MEMBER** 4/25/00 841-952-9889 ext 111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #