

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M02000003134

1. Entity Name

250 EMERSON AVENUE, L.L.C.



FILED

03 MAR 25 PM 12:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

5801 N. Congress Avenue

Suite, Apt. #, etc.

3. Mailing Address

5801 N. Congress Avenue

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Boca Raton, FL

City & State

Boca Raton, FL

4. FEI Number

48-1283420

Applied For

Not Applicable

Zip

33487

Country

USA

Zip

33487

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Geoffrey S. Mombach, Esquire

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

500 East Broward Blvd., Suite 1950

City

Ft. Lauderdale

FL

Zip Code

33394

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Managing Member  
Steve Wolf  
5801 N. Congress Avenue  
Boca Raton, FL 33487

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000014551120  
03/24/03--01049--012 \*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Member  
Richard Siemens  
5801 N. Congress Avenue  
Boca Raton, FL 33487

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Member  
Israel Smizga  
5801 N. Congress Avenue  
Boca Raton, FL 33487

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Member  
Fred Bilowitz  
5801 N. Congress Avenue  
Boca Raton, FL 33487

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

Date

3/17/03

Daytime Phone #

351-498-5600

CR2E083B (12/02)