

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002758

1. Entity Name

WATER PLACE APARTMENTS, LLC

Principal Place of Business

C/O FREDERICK K. MEHLMAN
875 MAMARONECK AVENUE
MAMARONECK NY 10543

Mailing Address

C/O FREDERICK K. MEHLMAN
875 MAMARONECK AVENUE
MAMARONECK NY 10543-1900

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

05-0923300

Applied For

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

MANELLA, ROSS H
ROSS H. MANELLA, P.A.
2500 HOLLYWOOD BOULEVARD, SUITE 212
HOLLYWOOD FL 33020

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 NAME MGR
STREET ADDRESS TENSORE REALTY, LTD.
CITY- ST- ZIP 875 MAMARONECK AVENUE
MAMARONECK NY 10543 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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CITY- ST- ZIP

ADDITIONS/CHANGES

☐ Change ☐ Addition

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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:

Frederick K. Mehlman REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/18/2000 9148998000

Date

Daytime Phone #

FILED

00 JAN 25 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

