

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015697

1. Entity Name

C&S DELRAY, L.C.

Principal Place of Business

6553 LANDINGS COURT
BOCA RATON FL 33486

33496

Mailing Address

6553 LANDINGS COURT
BOCA RATON FL 33486

33496

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SHOCHET, STEPHEN L
2500 N. MILITARY TR., SUITE 205
BOCA RATON FL 33431

4. FEI Number

65-107859

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

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
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGR
STREET ADDRESS SAPERSTEIN, HOWARD
CITY-ST-ZIP 6553 LANDINGS COURT
BOCA RATON FL 33486 33496 ☐ Delete

TITLE NAME MGR
STREET ADDRESS CANTER, ARTHUR
CITY-ST-ZIP 6340 LAS FLORAS DR
BOCA RATON FL 33486 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 33496
CITY-ST-ZIP

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 7813 MONTECITO PLACE
CITY-ST-ZIP DELRAY BEACH, FLORIDA 33446

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 500004616325-4
CITY-ST-ZIP -09/28/01--01043--020
*****50.00 *****50.00

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

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

TITLE NAME ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

9/21/01

561-995-9252

STAPLE CHECK HERE

CR2E083 (5/01)

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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