

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000077

1. Entity Name

SIMON SINNREICH, L.L.C.

FILED

00 MAR 24 AM 11: 02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

16314 Villarreal de Arula  
Tampa, FL 33613

2. Principal Place of Business

3. Mailing Address

16314 Villarreal de Arula

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Zip 33613

Country USA

Zip

Country

4. FEI Number

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

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, etc. 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

10. ADDITIONS/CHANGES

TITLE NAME  
Simon Sinnreich President  
16314 Villarreal de Arula MGRM  
Tampa, FL 33613

TITLE NAME  
400003207504--2  
-04/13/00--01078--010  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME  
Karen J. Sinnreich Secretary  
16314 Villarreal de Arula MGRM  
Tampa, FL 33613

TITLE NAME  
Change Addition

TITLE NAME  
Delete

TITLE NAME  
Change Addition

TITLE NAME  
Delete

TITLE NAME  
Change Addition

TITLE NAME  
Delete

TITLE NAME  
Change Addition

TITLE NAME  
Delete

TITLE NAME  
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:

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

Date

Daytime Phone #

CR2E083 (1/199)