

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000093

1. Entity Name

138 ORTIZ BOULEVARD, L.L.C.

FILED

01 APR 12 AM 9:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O PETER UNDI *Robert J. Undi*  
138 ORTIZ BLVD.  
VENICE FL 34287

Mailing Address

C/O HAMILTON COURT EAST RENTAL OFFICE  
3455 STREET ROAD  
BENSALEM PA 19020



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-3031740

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

UNDI, PETER  
138 ORTIZ BLVD.  
VENICE FL 34287

7. Name and Address of New Registered Agent

Name *Undi, Robert J.*  
Street Address (P.O. Box Number is Not Acceptable)  
*c/o Hamilton Court East Rental Office*  
*3455 Street Rd.*  
City *Bensalem, PA* FL Zip Code *19020*

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

*Robert J. Undi*

ROBERT J. UNDI

4-9-01

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 STREET ADDRESS CITY-ST-ZIP	<i>MEM Robert J. Undi, President</i> <i>C3D, INC.</i> <i>138 ORTIZ BLVD. c/o Hamilton Court East Rental Office</i> <i>VENICE FL 34287 3455 Street Rd</i> <i>Bensalem, PA 19020</i>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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\*\*\*\*\*50.00 \*\*\*\*\*50.00

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:

*Robert J. Undi*

ROBERT J. UNDI

4-9-01

215-245-4490

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

Date

Daytime Phone #

CR2E083 (11/00)