

# 2001 UNIFORM BUSINESS REPORT (UBR)

000646 AF

DOCUMENT # L00000000526

1. Entity Name

SUNDANCE HOLDINGS, L.C.

FILED

01 APR 12 AM 8:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1150B EAST HALLANDALE BEACH BOULEVARD  
HALLANDALE FL 33309

1150B EAST HALLANDALE BEACH BOULEVARD  
HALLANDALE FL 33309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Fbi Number

DO NOT WRITE IN THIS SPACE

65-1011763

65-1011763

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEOPOLD, NORMAN ESQUIRE  
20801 BISCAYNE BOULEVARD, SUITE 501  
AVENTURA FL 33180

Name

ROBERT LECHTER

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

1150B E. Hallandale Beach Blvd.

City

Hallandale

FL

Zip Code

33809

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 state if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

ROBERT LECHTER

4/09/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

600004036506--0

-04/20/01--01110--016

\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
PTD.  
ROBERT LECHTER  
1150B E. HALLANDALE BEACH BLVD  
HALLANDALE FL. 33809

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
VSD.  
CARLOS HIMMELSTEIN  
1150 B. E. HALLANDALE BEACH BLVD.  
HALLANDALE FL. 33809

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Days

Daytime Phone #

Robert Lechter 4/6/01 (954) 455-3660

CR2E083 (11/00)