

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002058

1. Entity Name

FRANKOWITZ VENTURES, L.L.C.

FILED

01 FEB 16 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

4875 NORTH FEDERAL HIGHWAY 7TH FLOOR
FT. LAUDERDALE FL 33308

Mailing Address

4875 NORTH FEDERAL HIGHWAY 7TH FLOOR
FT. LAUDERDALE FL 33308

2. Principal Place of Business

~~1150 MANOR CT.~~
Suite, Apt. #, etc. *error sz*

3. Mailing Address

Suite, Apt. #, etc. *all unchanged as above*

City & State

~~WESTON FLA~~

City & State

above

Zip

~~33326-2817~~

Country

~~USA~~

Zip

above

Country

above

4. FEI Number

65-098-2210

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSENBERG, ARTHUR R
4875 NORTH FEDERAL HIGHWAY 7TH FLOOR
FT. LAUDERDALE FL 33308

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 Stanley Frankowitz ☐ Delete
Manager
STREET ADDRESS 1150 Manor Court
CITY-ST-ZIP Ft. Lauderdale, FL 33325

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 300003745703-0
CITY-ST-ZIP -02/21/01--01083--023
*****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

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:

Stanley H. Frankowitz P.O.

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

Date

1/17/01

Daytime Phone #

9543849401

CR2E083 (11/00)