

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002456

1. Entity Name  
FAMILY TIES, USA, LLC

Principal Place of Business  
2904 NEEDHAM COURT  
DELRAY BEACH FL 33445

Mailing Address  
2904 NEEDHAM COURT  
DELRAY BEACH FL 33445

FILED

01 JAN 18 AM 10:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0991711

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE FL 33311-4132

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

10. ADDITIONS/CHANGES

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
BAT-AMI, MAYA  
1500 S. OCEAN DRIVE, APT. 4-A  
HOLLYWOOD FL 33019 ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
3000003572509 ☐ Change ☐ Addition  
-01/24/01--01015--015  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
TINANOFF, NATHAN  
2904 NEEDHAM COURT  
DELRAY BEACH FL 33445 ☐ 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

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☐ Delete

TITLE NAME  
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☐ 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:

*Nathan Tinanoff*

NATHAN TINANOFF 1/15/01 561-498-1191

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

Date

Daytime Phone #

CR2E083 (11/00)