

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90093 029 ****50.00

DOCUMENT # L00000002657

1. Entity Name

CORTEZ PROFESSIONAL PLAZA, LLC

Principal Place of Business

**530 KEY ROYALE DRIVE
HOLMES BEACH FL 34217**

Mailing Address

**PO BOX 14908
BRADENTON FL 34280-4908**

906053

2. Principal Place of Business

5404 CORTEZ AVE WEST

3. Mailing Address

PO BOX 14908

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BRADENTON, FL

City & State

BRADENTON FL

4. FEI Number

65-1044034

Applied For

Not Applicable

Zip

34210

Country

USA

Zip

34280-4908

Country

USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DANZIGER, ROGER N
530 KEY ROYALE DRIVE
HOLMES BEACH FL 34217**

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
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **P** ☐ Delete
NAME **DANZIGER, ROGER MD PA**
STREET ADDRESS **PO BOX 14908**
CITY-ST-ZIP **BRADENTON FL 34280-4908**

10. ADDITIONS/CHANGES

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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:

SIGNATURE REQUIRED

ROGER N. DANZIGER 1-8-02-941-761-1911

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

Date

Daytime Phone #

CR2E083 (9/01)