

2001 UNIFORM BUSINESS REPORT (UBR)

001982 AF

DOCUMENT # L00000002721

1. Entity Name

NEUWIRTH INVESTMENTS, L.C.

FILED

01 MAR 20 PM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

6043 BAYVIEW DRIVE
FORT LAUDERDALE FL 33308

Mailing Address

6043 BAYVIEW DRIVE
FORT LAUDERDALE FL 33308

2. Principal Place of Business

413 COCONUT ISLE DR

3. Mailing Address

413 COCONUT ISLE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

4. FEI Number

65-0990344

Applied For

Not Applicable

Zip

33301

Country

BROWARD

Zip

33301

Country

BROWARD

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RITTER, GREGORY J

7000 WEST PALMETTO PARK ROAD, SUITE 400
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name

Jane Glasner, Esq.

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

90 Abrams AVE

2021 Tyler Street

City

Hollywood, FL

FL

Zip Code

33022

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
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

MANAGER
NEUWIRTH, BARBARA
413 COCONUT ISLE DRIVE
FT LAUDERDALE, FL 33301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

400003909324--6
-03/26/01--01086--015
*****55.00 *****55.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

Barbara Neuwirth, Manager

3-13-01

Date

Daytime Phone #

954-765-5566

CR2E083 (11/00)