

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003310

1. Entity Name

SPACEMANAGE, LLC.

Principal Place of Business

C/O HERBERT L. SHICK, M.D.
4700-D SHERIDAN STREET
HOLLYWOOD FL 33021

Mailing Address

C/O HERBERT L. SHICK, M.D.
4700-D SHERIDAN STREET
HOLLYWOOD FL 33021

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0993667

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COHN, ALAN B
2021 TYLER STREET
C/O ABRAMS ANTON P.A.
HOLLYWOOD FL 33022-9010

7. Name and Address of New Registered Agent

Name HERBERT SHICK, M.D.
Street Address (P.O. Box Number is Not Acceptable)
4700-D SHERIDAN STREET
City HOLLYWOOD FL Zip Code 33021

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

HERBERT SHICK, M.D.
Herbert L. Shick

(NOTE: Registered Agent signature required when reinstating)

January 11, 2001
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGRM
NAME SHICK, HERBERT L. M.D.
STREET ADDRESS 4251 MANGRUM COURT
CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Delete

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

TITLE MGRM
NAME HOCH, JUBRAN A. M.D.
STREET ADDRESS 7282 SIDONIA COURT
CITY-ST-ZIP BOCA RATON FL 33433 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

Herbert Shick
SIGNATURE REQUIRED

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

January 11, 2001
Date

954-962-4700
Daytime Phone #

FILED

01 JAN 16 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)