

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003676

1. Entity Name

SASHRU, LLC

FILED

01 JUL -2 AM 8:47

Principal Place of Business

Mailing Address

3500 GATEWAY DRIVE, SUITE 201  
POMPANO BEACH FL 33069-4870

3500 GATEWAY DRIVE, SUITE 201  
POMPANO BEACH FL 33069-4870

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

65-0992807

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FINEBERG, LIBO B ESQ.  
3500 GATEWAY DRIVE, SUITE 201  
POMPANO BEACH FL 33069-4870

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 September 26, 2001

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Delete  
NAME RUBIN, FLORENCE  
STREET ADDRESS 7428 VIALE MICHAELANGELO  
CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE MGRM ☐ Change ☒ Addition  
NAME FINEBERG, LIBO B  
STREET ADDRESS 3500 GATEWAY DRIVE, SUITE 201  
CITY-ST-ZIP POMPANO BEACH, FL 33069-4870

TITLE MGRM ☒ Delete  
NAME SALTZ, MORRIS DR.  
STREET ADDRESS 6160 HOLLOWS LANE  
CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 100004475671--5  
CITY-ST-ZIP -07/13/01--01112--015

TITLE MGRM ☒ Delete  
NAME SHAW, JERRY  
STREET ADDRESS 4740 S. OCEAN BOULEVARD, LPH 16  
CITY-ST-ZIP HIGHLAND BEACH FL 33487

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS \*\*\*\*\*50.00  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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:

SIGNATURE REQUIRED

06/27/01

9549756060

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

Date

Daytime Phone #

CR2E083 (5/01)

STAPLE CHECK HERE