

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004337

1. Entity Name

DON L. FINANCE, L.L.C.

FILED

01 JAN 25 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3250 N W 23RD AVE.  
SUITE 0-100  
POMPANO BEACH FL 33069

Mailing Address

3250 N W 23RD AVE.  
SUITE 0-100  
POMPANO BEACH FL 33069

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

65-1000452

Applied For

Not Applicable

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

KRAMER, ROBERT M  
4000 HOLLYWOOD BLVD.  
SUITE 485 SOUTH  
HOLLYWOOD FL 33021

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  
LLOYD, MAXWELL  
3250 N W 23RD AVE.  
POMPANO BEACH FL 33069 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100003617441-4  
-01/31/01--01033--012  
\*\*\*\*\*55.00 \*\*\*\*\*55.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
COHEN, STEPHEN  
3250 N W 23RD AVE.  
POMPANO BEACH FL 33069 ☐ Delete

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

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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]* SIGNATURE REQUIRED

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

1/24/01

Date

(954) 968-7900

Daytime Phone #

CR2E083 (11/00)