

# 2001 UNIFORM BUSINESS REPORT (UBR)

0007890 AF

DOCUMENT # L00000005496

1. Entity Name  
HILLSBORO COMMONS, LLC

FILED

01 MAY -1 PM 5:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

3195 N POWERLINE ROAD  
SUITE 104  
POMPANO BEACH FL 33069

Mailing Address

3195 N POWERLINE ROAD  
SUITE 104  
POMPANO BEACH FL 33069



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1000 E. HILLSBORO BLVD.

3. Mailing Address

1000 E. HILLSBORO BLVD.

Suite, Apt. #, etc.

STE 100

Suite, Apt. #, etc.

STE 100

City & State

DEERFIELD BEACH, FL

City & State

DEERFIELD BEACH, FL

Zip

33441

Country

1

Zip

33441

Country

1

4. FEI Number

65-1006684

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRENNER, SCOTT

3195 N POWERLINE ROAD 1000 E. HILLSBORO BLVD.

SUITE 104

POMPANO BEACH FL 33069 DEERFIELD BEACH, FL 33441

7. Name and Address of New Registered Agent

Name SAME

1000 East Hillsboro Boulevard

Suite 100

Deerfield Beach, FL 33441

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

TITLE NAME ZAM-HILLSBORO COMMONS, LLC  
STREET ADDRESS 3195 N. POWERLINE RD, #104  
CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ZAM-HILLSBORO COMMONS ☒ Change ☐ Addition  
STREET ADDRESS 1000 E. HILLSBORO BLVD, #100  
CITY-ST-ZIP DEERFIELD BEACH, FL 33441

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 000004274720-4  
CITY-ST-ZIP -05/21/01-01172-008  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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:

*Michael A. Kopelman*

4/5/01

859.978.9944

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

Date

Daytime Phone #

CR2E083 (11/00)