

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005542

1. Entity Name
TIMELESS PROPERTIES, LLC

FILED

01 MAY 25 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2000 SOUTH OCEAN DRIVE
SUITE 1710
FT LAUDERDALE FL 33316

Mailing Address
2000 SOUTH OCEAN DRIVE
SUITE 1710
FT LAUDERDALE FL 33316



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2455 E. Sunrise BLVD.
Suite, Apt. #, etc.
Suite 415
City & State
Fort Laudardale FL.

3. Mailing Address
2455 E Sunrise Blvd.
Suite, Apt. #, etc.
Suite 415
City & State
Fort Laudardale FL.

4. FEI Number
65-1013835

Applied For
Not Applicable

Zip
33304

Country

Zip
33304

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CAPLAN, ERIC J
9200 S DADELAND BLVD
SUITE 619
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name
Greg Anderson
Street Address (P.O. Box Number is Not Acceptable)
2455 East Sunrise Blvd.
Suite 415
City
Fort Lauderdale FL Zip Code
33304

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 Greg Anderson - President
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

04/09/01
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
President
MGRM Greg A. Anderson
2455 E. Sunrise Blvd Suite 415
Port Laudardale FL, 33304

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
800004418808--6
-06/14/01--01005--019

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

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: Greg Anderson President 04/09/01 954-630-9272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0012366 AF

CR2E083 (11/00)