

2001 UNIFORM BUSINESS REPORT (UBR)

0016194 AF

DOCUMENT # L00000007792

1. Entity Name
ENGLERT PROPERTIES, LLC

FILED

4/19

FILED
Apr 19, 2001 8:00 A.M.
Secretary of State

Principal Place of Business
1021 SOUTH ROGERS CIRCLE, SUITE 18
BOCA RATON FL 33487

Mailing Address
1021 SOUTH ROGERS CIRCLE, SUITE 18
BOCA RATON FL 33487

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-1031466

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

SIEGEL, RONALD L ESQUIRE
1800 CORPORATE BOULEVARD, N.W., SUITE 302
BOCA RATON FL 33431

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

300004036363--9
-04/20/01--01106--012
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ENGLERT, FRANK R
1021 SOUTH ROGERS CIRCLE, SUITE 18
BOCA RATON FL 33487 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ENGLERT, PATRICIA P
1021 SOUTH ROGERS CIRCLE, SUITE 18
BOCA RATON FL 33487 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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☐ 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:

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

Date

Daytime Phone #

Patricia P. Englert 4/19/01 241-9924

CR2E083 (11/00)