

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90041 011 \*\*\*\*55.00

**DOCUMENT # L00000008933**

1. Entity Name

**AUDITORIUM PLAZA, L.C.**

Principal Place of Business

**551 N.W. 77TH STREET, SUITE 109  
 BOCA RATON FL 33487**

Mailing Address

**551 N.W. 77TH STREET, SUITE 109  
 BOCA RATON FL 33487**

2. Principal Place of Business

**7806 Charney lane**  
 Suite, Apt. #, etc.

3. Mailing Address

**7806 Charney lane**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Boca Raton, FL**

City & State  
**Boca Raton, FL**

4. FEI Number **65-1027099**

Applied For

Not Applicable

Zip Country  
**33496 Palm Beach**

Zip Country  
**33496 Palm Beach**

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

6. Name and Address of Current Registered Agent

**SUSI, SAMUEL  
 551 N.W. 77TH STREET, SUITE 109  
 BOCA RATON FL 33487**

7. Name and Address of New Registered Agent

Name **Susi, Samuel**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7806 Charney lane**  
 City **Boca Raton** **FL** Zip Code **33496**

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

(NOTE: Registered Agent signature required when reinstating)

**2/11/02**  
 DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
 NAME **SUSI, SAMUEL**  
 STREET ADDRESS **551 N.W. 77TH STREET, SUITE 109**  
 CITY-ST-ZIP **BOCA RATON FL 33487**

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
 NAME **7806 Charney lane**  
 STREET ADDRESS **Boca Raton, FL 33496**  
 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  
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 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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 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:

**2/4/02 (561)997-2706**  
 Date Daytime Phone #

CR2E083 (9/01)