

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

L00000010442

1. Entity Name

SPECIAL ART, LC

FILED

01 AUG 13 PM 12:17

Principal Place of Business

1731 FUNSTONE STREET
HOLLYWOOD FL 33020

Mailing Address

1731 FUNSTONE STREET
HOLLYWOOD FL 33020

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3901 S. Ocean Drive

3. Mailing Address

3901 S. Ocean Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

15 Y

15 Y

City & State

Hollywood Florida

City & State

Hollywood Florida

Zip

Country

33019 US

Zip

Country

33019 US

4. FEI Number

65-1035656

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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

100004536981--5

08/16/01--01005--003

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR COHEN, YONATAN
STREET ADDRESS 1731 FUNSTONE STREET
CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Delete

TITLE NAME MGR COHEN, DANIEL
STREET ADDRESS 1731 FUNSTONE STREET
CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS 3901 S. Ocean Drive # 15 Y
CITY-ST-ZIP Hollywood FL 33019 ☒ Change ☐ Addition

TITLE NAME
STREET ADDRESS 3901 S. Ocean Drive # 15 Y
CITY-ST-ZIP Hollywood FL 33019 ☒ Change ☐ Addition

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

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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:

[Signature]

6/18/01

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

Date

Daytime Phone #

CR2E083 (11/00)