

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010924

1. Entity Name
HYPOLUXO PLAZA, LLC

Principal Place of Business
5000 BLUE LAKE DRIVE, SUITE 150
BOCA RATON FL 33431

Mailing Address
5000 BLUE LAKE DRIVE, SUITE 150
BOCA RATON FL 33431

2. Principal Place of Business

5000 T-Rex Ave.
Suite, Apt. #, etc.
Ste. 150

3. Mailing Address

5000 T-Rex Ave.
Suite, Apt. #, etc.
Ste. 150

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

33431

Country

Zip

33431

Country

4. FEI Number

05-1039823

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIEGEL, NED L
5000 BLUE LAKE DRIVE, SUITE 150
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5000 T-Rex Ave. Ste. 150

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.

(NOT) Registered Agent signature required when reinstating

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

100004335201--1
-05/31/01--01008--016
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SIEGEL, NED L
5000 BLUE LAKE DRIVE, SUITE 150
BOCA RATON FL 33431 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GRUNDT, BRUCE
5000 BLUE LAKE DRIVE, SUITE 150
BOCA RATON FL 33431 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ROTHMAN, FRED B
5000 BLUE LAKE DRIVE, SUITE 150
BOCA RATON FL 33431 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MOSKIN, JOANNE
5000 BLUE LAKE DRIVE, SUITE 150
BOCA RATON FL 33431 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
5000 T-Rex Ave. Ste. 150 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
5000 T-Rex Ave. Ste. 150 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
5000 T-Rex Ave. Ste. 150 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
5000 T-Rex Ave. Ste. 150 ☐ 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:

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

Date

Daytime Phone #

CR2E083 (11/00)

0014480 AF

FILED

01 MAY -3 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE