

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90008 028 \*\*\*\*50.00

**DOCUMENT # L00000011324**

1. Entity Name

CORE EQUITIES, L.L.C.

Principal Place of Business

4000 HOLLYWOOD BLVD., SUITE 350-N  
 HOLLYWOOD FL 33021

Mailing Address

4000 HOLLYWOOD BLVD., SUITE 350-N  
 HOLLYWOOD FL 33021

2. Principal Place of Business

Office Village Club Apt 5  
 Suite, Apt. #, etc.  
 500 NE 2nd St

3. Mailing Address

Office Village Club Apt 5  
 Suite, Apt. #, etc.  
 500 NE 2nd St



DO NOT WRITE IN THIS SPACE

City & State

DANIA BEACH FL

City & State

DANIA BEACH FL

4. FEI Number

65-1095842

Applied For

Not Applicable

Zip

33004

Country

USA

Zip

33004

Country

USA

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FEINBERG, JEFFREY  
 4000 HOLLYWOOD BLVD., SUITE 350-N  
 HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name: MARK INMAN  
 Street Address (P.O. Box Number is Not Acceptable): OFFICE, VILLAGE CLUB APT 5  
 City: DANIA BEACH FL Zip Code: 33243

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 re-registering)

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	<input type="checkbox"/> Delete
NAME	TOTH, JAMES	
STREET ADDRESS	4000 HOLLYWOOD BLVD., SUITE 350-N	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	INMAN, MARK	
STREET ADDRESS	4000 HOLLYWOOD BLVD., SUITE 350-N	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

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

4/12/02

Daytime Phone #

CR2E083 (9/01)