

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90099 007 \*\*\*\*50.00

**DOCUMENT # L00000011487**

1. Entity Name

**MIRAMAR NO. 1, L.L.C.**

Principal Place of Business

**1690 SOUTH CONGRESS AVENUE, SUITE 200  
 DELRAY BEACH FL 33445**

Mailing Address

**1690 SOUTH CONGRESS AVENUE, SUITE 200  
 DELRAY BEACH FL 33445**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-1041463**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**LEVY, ROBERT A  
 1690 SOUTH CONGRESS AVENUE, SUITE 200  
 DELRAY BEACH FL 33445**

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>LEVY, ROBERT A</b>	
STREET ADDRESS	<b>1690 SOUTH CONGRESS AVENUE, SUITE 200</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33445</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>SADKIN, S. MARTIN</b>	
STREET ADDRESS	<b>7860 PETERS ROAD, SUITE F-111</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33324</b>	
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		
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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

Date

Daytime Phone #

**SIGNATURE REQUIRED**  
**Robert A. Levy** **2/7/02** **(561) 274-2000**

CR2E083 (9/01)

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