

2001 UNIFORM BUSINESS REPORT (UBR)

0010968 AF

DOCUMENT # L00000012071

1. Entity Name

901 N.E. 125TH STREET LLC

FILED

01 FEB 15 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

901 N.E. 125TH STREET
NORTH MIAMI BEACH FL 33161

901 N.E. 125TH STREET
NORTH MIAMI BEACH FL 33161

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 107

City & State

North Miami, FL

City & State

North Miami, FL

Zip

33161-5718

Country

Miami-Dade

Zip

33161-5718

Country

Miami-Dade

4. FEI Number

65-1047495

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHUPACK, ROBERT A
4800 N. FEDERAL HIGHWAY
BOCA RATON FL 33431

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Managing Member ☐ Change ☒ Addition
NAME Marvin H. Ribotsky
STREET ADDRESS 901 NE 125 Street, Suite 107
CITY-ST-ZIP North Miami, FL 33161-5718

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Member ☐ Change ☒ Addition
NAME Norman Levine
STREET ADDRESS 901 NE 125 Street, Suite 107
CITY-ST-ZIP North Miami, FL 33161-5718

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Member ☐ Change ☒ Addition
NAME Elliott Starman
STREET ADDRESS 901 NE 125 Street, Suite 107
CITY-ST-ZIP North Miami, FL 33161-5718

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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:

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

Date

305/895-0202

Daytime Phone #

CR2E083 (11/00)