

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**

06-19-2002 90455 036 \*\*\*\*50.00

**DOCUMENT # L00000012071**

1. Entity Name

**901 N.E. 125TH STREET LLC**

Principal Place of Business

**901 N.E. 125TH STREET  
NORTH MIAMI FL 33161-5718**

Mailing Address

**901 N.E. 125TH ST. SUITE 107  
NORTH MIAMI FL 33161-5718**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>MGRM</b>									
	<b>RIBOTSKY, MARVIN H</b>									
	<b>901 NE 125 STREET, SUITE 107</b>									
	<b>NORTH MIAMI FL 33161-5718</b>									
	<b>MEM</b>									
	<b>LEVINE, NORMAN</b>									
	<b>901 NE 125 ST., SUITE 107</b>									
	<b>NORTH MIAMI FL 33161-5718</b>									
	<b>MEM</b>									
	<b>STARMAN, ELLIOT</b>									
	<b>901 NE 125 ST., SUITE 107</b>									
	<b>NORTH MIAMI FL 33161-5718</b>									

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 REQUIRED**  
**Marvin H. Ribotsky**

**6/11/02**

**305/895-0202**

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

Date

Daytime Phone #

CR2E083 (9/01)