

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90582 037 \*\*\*\*50.00

**DOCUMENT # L00000012260**

1. Entity Name  
**ATLANTIC REAL ESTATE DEVELOPMENT, L.L.C.**

Principal Place of Business <b>1150B EAST HALLANDALE BEACH BOULEVARD          HALLANDALE FL 33309</b>	Mailing Address <b>1150B EAST HALLANDALE BEACH BOULEVARD          HALLANDALE FL 33309</b>
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**957514**



DO NOT WRITE IN THIS SPACE

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 **65-1049782**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**LEOPOLD, NORMAN ESQUIRE  
 20801 BISCAYNE BOULEVARD, SUITE 501  
 AVENTURA FL 33180**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DM LECHTER, ROBERT</b> <input type="checkbox"/> Delete <b>1150B E HALLANDALE BEACH BLVD          HALLANDALE FL 33309</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DM ZEBEDE, JAYA</b> <input type="checkbox"/> Delete <b>1150B E HALLANDALE BEACH BLVD          HALLANDALE FL 33309</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DM WAGENBERG, SAUL</b> <input type="checkbox"/> Delete <b>1150B E HALLANDALE BEACH BLVD          HALLANDALE FL 33309</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete

**10. ADDITIONS / CHANGES**

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

CR2E083 (9/01)

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:** *Robert Lechter*      **Manager**      **4-26-02**      **(954) 455-3660**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Printing Press #