

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012759

1. Entity Name

45 VALENCIA AVENUE, L.L.C.

FILED

01 SEP 14 PM 12:17

Principal Place of Business

8903 GLADES ROAD SUITE A-8
BOCA RATON FL 33434

Mailing Address

8903 GLADES ROAD SUITE A-8
BOCA RATON FL 33434

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1132429

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORP/DIRECT AGENTS
103 NORTH MERIDIAN STREET
TALLAHASSEE FL 32315

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 September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE MANAGER ☐ Delete
NAME ARNOLD NEEDLEMAN
STREET ADDRESS 8903 GLADES ROAD SUITE A9
CITY-ST-ZIP BOCA RATON FL 33434

TITLE MANAGER ☐ Delete
NAME ALAN STERNBERG
STREET ADDRESS 8903 GLADES ROAD
CITY-ST-ZIP BOCA RATON FL 33434

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MANAGER ☐ Change ☒ Addition
NAME ARNOLD NEEDLEMAN
STREET ADDRESS 8903 GLADES ROAD SUITE A9
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE MANAGER ☐ Change ☒ Addition
NAME ALAN STERNBERG
STREET ADDRESS 8903 GLADES ROAD SUITE A9
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE ☐ Change ☐ Addition
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TITLE ☐ 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 of Alan Sternberg

9-10-01

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

Date

Daytime Phone #

000559

CR2E083 (5/01)

STAPLE CHECK HERE