

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

001754 AF

DOCUMENT # L00000013452

1. Entity Name  
BANKATLANTIC FINANCIAL TECHNOLOGY VENTURE PARTNERS, LLC

01 MAY -2 AM 9:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1750 E SUNRISE BLVD  
FT LAUDERDALE FL 33304

Mailing Address  
1750 E SUNRISE BLVD  
FT LAUDERDALE FL 33304



2. Principal Place of Business

3. Mailing Address  
P.O. Box 5403

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

MILLER, ALISON W  
2200 MUSEUM TOWER  
150 W FLAGLER ST  
MIAMI FL 33130

Name Gilbert, Glen R.  
Street Address (P.O. Box Number is Not Acceptable)  
1750 E. Sunrise Blvd  
Third Floor  
City Fort Lauderdale FL Zip Code 33304

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.

GLEN R. GILBERT

SIGNATURE

Executive Vice President, Manager

4/17/2001

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
Manager  
Levan, Alan B.  
1750 East Sunrise Boulevard  
Fort Lauderdale, FL 33304

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
Manager  
Gilbert, Glen R.  
1750 East Sunrise Boulevard  
Fort Lauderdale, FL 33304

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
Manager  
Abdo, John E.  
1750 East Sunrise Boulevard  
Fort Lauderdale, FL 33304

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
100004322871-06  
-05/25/01 -01024 -017  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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: GLEN R. GILBERT, Manager  
Executive Vice President

4/17/2001

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

Date

Daytime Phone #

CR2E083 (11/00)