

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

01-21-2002 90020 033 ****50.00

DOCUMENT # L00000014030

1. Entity Name

HERTZ, NEUMARK & WARNER, L.L.C.

Principal Place of Business

4000 TOWERSIDE TERR
#1105
MIAMI FL 33138

Mailing Address

4000 TOWERSIDE TERR
#1105
MIAMI FL 33138

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

GELBER & COMPANY
Suite, Apt. #, etc. 11450 Interchange Circle North
Miramar, Florida 33025

City & State

Zip

Country

4. FEI Number

52-2289111

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

STEIN, ERIC P ESO
913 NORMANDY DR
MIAMI BEACH FL 33141

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 May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
NEUMARK, KEVIN
4000 TOWERSIDE TERR #1105
MIAMI FL 33138
☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
NEUMARK, RONALD
4000 TOWERSIDE TERR #1105
MIAMI FL 33138
☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change☐ Addition
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: *[Signature]*

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

Date

Daytime Phone #

CR2E083 (9/01)