

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015193

1. Entity Name

FILED

01 MAR 28 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
C/O Daniel L. Bakst Plaza 1551, 1551 Forum Place
Building 200 & 400
West Palm Beach, Fl 334012. Principal Place of Business
Same as above

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-1065189☒ 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

Daniel L. Bakst
Plaza 1551, 1551 Forum Place,
Building 200 & 400
West Palm Beach, Fl 33401

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

9. MANAGING MEMBERS/MEMBERS

TITLE Manager ☐ Delete
NAME Daniel L. Bakst
STREET ADDRESS Building 1551, 1551 Forum Place
CITY-ST-ZIP West Palm Beach, Fl 33401TITLE Member ☐ Delete
NAME Michael R. Bakst
STREET ADDRESS Plaza 1551, 1551 Forum Place
CITY-ST-ZIP West Palm Beach, Fl 33401TITLE Member ☐ Delete
NAME David Needle, as Trustee of the
STREET ADDRESS Robert Needle 1990 Trust
CITY-ST-ZIP 5201 Village Blvd., WPB, Fl 33407TITLE Member ☐ Delete
NAME David Needle
STREET ADDRESS 5201 Village Blvd.
CITY-ST-ZIP West Palm Beach, Fl 33407TITLE Member ☐ Delete
NAME Melvin J. Levy as Trustee of the
STREET ADDRESS Melvin J. Levy Revocable Trust
CITY-ST-ZIP 13264 Saffron Circle
Palm Beach Gardens, Fl 33418TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)