

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000015620**

1. Entity Name

PHOENICIAN ACQUISITIONS OF FLORIDA, LLC

Principal Place of Business
**800 N. Magnolia Ave.
 Suite 1500
 Orlando, FL 32803**

Mailing Address
**P. O. Box 2346
 Orlando, FL 32802-2346**

FILED

01 FEB 20 AM 8:46

**SECRETARY OF STATE
 TALLAHASSEE, FLORIDA**

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

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Detzel, Lauren Y.
 800 N. Magnolia Ave.
 Suite 1500
 Orlando, FL 32803**

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

10. ADDITIONS/CHANGES

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Manager ☐ Change ☒ Addition
**Goldsmith, Anna
 2009 Venetian Way
 Winter Park, FL 32789**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4000003765794-0
 -02/26/01-01156-005
 *****50.00 *****50.00

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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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.

Anna Goldsmith, Manager

SIGNATURE:

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

Date,

Daytime Phone #

2/14/01

407-622-1222

CR2E083 (11/00)