

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # L01000004456**

1. Entity Name

**VIZCAYA PLACE, LLC**

Principal Place of Business

**16112 VIZCAYA PLACE  
DELRAY BEACH FL 33446**

Mailing Address

**16112 VIZCAYA PLACE  
DELRAY BEACH FL 33446**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

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

**OBERMAN, LEONARD  
16112 VIZCAYA PLACE  
DELRAY BEACH FL 33446**

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's 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	<b>PRES.</b>	<input type="checkbox"/> Delete
NAME	<b>LEONARD OBERMAN</b>	
STREET ADDRESS	<b>16112 VIZCAYA PLACE</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33446</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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 #

FILED

02 SEP -5 AM 9:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**000007569570--0**  
-09/06/02--01048--029  
\*\*\*\*165.00 \*\*\*\*165.00

DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)

**REINSTATEMENT 02-BA**