

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

03-13-2002 90096 039 *****50.00

DOCUMENT # L01000006583

1. Entity Name

COLONY SQUARE, L.L.C.

Principal Place of Business

**7860 PETERS RD., SUITE F-111
PLANTATION FL 33324**

Mailing Address

**7860 PETERS RD., SUITE F-111
PLANTATION FL 33324**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-1117732

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

**SADKIN, S. MARTIN
7860 PETERS RD., SUITE F-111
PLANTATION FL 33324**

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)

S Martin Sadkin**4/25/02**

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
**MGRM
 LEVY, ROBERT A
 1690 S. CONGRESS AVE., SUITE 200
 DELRAY BEACH FL 33445**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
**MGRM
 SADKIN, S. MARTIN
 7860 PETERS RD., SUITE F-111
 PLANTATION FL 33324**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition
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 CITY - ST - ZIP

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 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

S. Martin Sadkin

Date

Daytime Phone #

954-370-7788

CR2E083 (9/01)