

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90593 016 ****50.00

DOCUMENT # L01000009999

1. Entity Name

WATCHMART, LLC

Principal Place of Business

101 S. STATE RD. 7, STE 201
 HOLLYWOOD FL 33023

Mailing Address

101 S. STATE RD. 7, STE 201
 HOLLYWOOD FL 33023

958084

2. Principal Place of Business

12801 W. SUNRISE BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#533

City & State

SUNRISE, FL

Zip

33323

Country

Country

4. FEI Number

65-2114719

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BEN-SHMUEL, IZAC
 101 S STATE RD 7, STE 201
 HOLLYWOOD FL 33023

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

10. ADDITIONS / CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 MANAGING MEMBER
 IZAC BEN-SHMUEL
 101 S. STATE ROAD 7-SUITE 201
 HOLLYWOOD, FL 33023-6736

☐ Delete

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

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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 (9/01)