

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90073 006 ****50.00

DOCUMENT # L01000011706

1. Entity Name

ORTHOPAEDICARE HALLANDALE, LLC

Principal Place of Business

**2801 N.E. 208 TERRACE, STE. 102
 AVENTURA FL 33180**

Mailing Address

**2801 N.E. 208 TERRACE, STE. 102
 AVENTURA FL 33180**

2. Principal Place of Business

230 S Dixie Hwy

Suite, Apt. #, etc.

3. Mailing Address

21000 NE 28th Ave

Suite, Apt. #, etc.

104

City & State

Hallandale FL

City & State

Aventura FL

Zip

33009

Country

Broward

Zip

33180

Country

Dade

4. FEI Number

65-0357304

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HERMAN, ALISON P.
 2800 PONCE DE LEON BLVD., STE. 1125
 CORAL GABLES FL 33134**

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

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

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Nina Bleier 21000 NE 28th Ave Aventura, FL 33180	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **NINA BLEIER**
SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/3/02
 Date

305-937-1999
 Daytime Phone #

CR2E083 (9/01)