

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90081 019 ****50.00

DOCUMENT # L01000016147

1. Entity Name

NFTC PROPERTIES, L.L.C.

Principal Place of Business

**3259 CLINT MOORE ROAD #205
 BOCA RATON FL 33496**

Mailing Address

**3259 CLINT MOORE ROAD #205
 BOCA RATON FL 33496**

909482

2. Principal Place of Business

P.O. BOX 812074

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 812074

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON FL

Zip
33481

Country
USA

City & State

BOCA RATON FL

Zip
33481

Country
USA

4. FEI Number

65-1141396

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**WEINER, MICHAEL S
 102 NORTH SWINTON AVE.
 DELRAY BEACH FL 33444**

7. Name and Address of New Registered Agent

Name **Gene Kronick**

Street Address (P.O. Box Number is Not Acceptable)

**3259 clint moore rd 205
 Boca Raton FL Zip Code 33496**

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

Gene Kronick

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/2001

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
 NAME **KRONICK, GENE**
 STREET ADDRESS **3259 CLINT MOORE ROAD #205**
 CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition
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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.

SIGNATURE:

Gene Kronick

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

Date

Daytime Phone #

561-893-0910

CR2E083 (9/01)