

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 28, 2002 8:00 am**  
**Secretary of State**

02-28-2002 90041 029 \*\*\*\*50.00

DOCUMENT # L01000022724

1. Entity Name

JO-RAN PROPERTIES, L.L.C.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1150 N. 35<sup>th</sup> AVE.

Suite, Apt. #, etc.

135

City & State

HOLLYWOOD, FL.

Zip

33021

Country

USA

3. Mailing Address

1150 N. 35<sup>th</sup> AVE.

Suite, Apt. #, etc.

135

City & State

HOLLYWOOD, FL.

Zip

33021

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

GENE K. GLASSER, ESQ.

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

2021 TYLER STREET

City

HOLLYWOOD

FL

Zip Code

33021

**DO NOT WRITE  
IN THIS SPACE**

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.

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER PAUL B. TARTELL 1150 N. 35 <sup>th</sup> AVE., #135 HOLLYWOOD, FL. 33021	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER LEE M. MANDEL 1150 N. 35 <sup>th</sup> AVE., #135 HOLLYWOOD, FL. 33021	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 #

2/19/02 954-983-1211

CR2E083B (12/01)