

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90001 019 ****50.00

DOCUMENT # L02000027225

1. Entity Name

VASE, L.L.C.



Principal Place of Business

C/O ARNOLD ROSENFELD
3180 NORTH 36TH STREET
HOLLYWOOD FL 33021

Mailing Address

C/O ARNOLD ROSENFELD
3180 NORTH 36TH STREET
HOLLYWOOD FL 33021

2. Principal Place of Business

DISCOUNT KOSHER

3. Mailing Address

SAME

Suite, Apt. #, etc.

4400 W-SAMPLE RD

Suite, Apt. #, etc.

SUITE 148

City & State

COCONUT CREEK, FL

City & State

Zip

Country

33073

USA

Zip

Country

4. FEI Number

22-3879251

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARIE, MREJEN P.A.

701 WEST CYPRESS CREEK ROAD, SUITE 302
FORT LAUDERDALE FL 33309

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
OWNER MGRM
ARNOLD ROSENFELD
3180 N 36TH ST
HOLLYWOOD, FL 33021

☐ Delete

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

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☐ Change ☐ 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:

Arnold Rosenfeld

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

01-07-03

305-949-6068

Date

Daytime Phone #

CR2E083 (10/02)