

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2003 8:00 am**  
**Secretary of State**

02-06-2003 90025 035 \*\*\*\*50.00

**DOCUMENT # L02000030492**

1. Entity Name  
**NORTOWN PLAZA, L.L.C.**



Principal Place of Business  
**C/O DAVID CHENKIN  
8551 WEST SUNRISE BLVD STE. 208  
PLANTATION FL 33322**

Mailing Address  
**C/O DAVID CHENKIN  
8551 WEST SUNRISE BLVD STE. 208  
PLANTATION FL 33322**

2. Principal Place of Business  
**C/O JOHNNY FIOR**  
Suite, Apt. #, etc.

3. Mailing Address  
**13109 SW 21 STREET**  
Suite, Apt. #, etc.

City & State  
**MIRAMAR FL**

City & State  
**MIRAMAR FL**

Zip  
**33027** Country  
**USA**

Zip  
**33027** Country  
**USA**

4. FEI Number  
**82-0580317**

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CHENKIN, DAVID  
8551 WEST SUNRISE BLVD STE. 208  
PLANTATION FL 33322**

7. Name and Address of New Registered Agent

Name  
**JOHNNY FIOR**  
Street Address (P.O. Box Number is Not Acceptable)  
**13109 SW 21 STREET**  
City  
**MIRAMAR FL** Zip Code  
**33027**

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 **JOHNNY FIOR**

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

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

**FEB 4, 2003**  
DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE  
**MGR**  
NAME  
**FIOR, DANILO**  
STREET ADDRESS  
**8551 WEST SUNRISE BLVD STE. 208**  
CITY-ST-ZIP  
**PLANTATION FL 33322**

☐ Delete

TITLE  
NAME  
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10. ADDITIONS/CHANGES

TITLE  
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CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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

**FEB 4, 2003** **305-477-4383**  
Date Daytime Phone #

CR2E083 (10/02)