

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L94000000152

1. Entity Name  
TUSCANY CONSTRUCTION, L.C.

FILED

01 APR 19 AM 11:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

13932 SW 86 CT  
MIAMI FL 33158

Mailing Address

1700 UNIVERSITY DR  
STE 110  
CORAL SPRINGS FL 33071



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0481826

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

KUPFER, KUPFER & SKOLNICK, P.A.  
1700 UNIVERSITY DR.  
CORAL SPRINGS FL 33071

New Registered Agent

(Applicable)

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MEM  
STREET ADDRESS SIERRA CONSTRUCTION & DEVELOPMENT INC.  
CITY-ST-ZIP 7190 SW 178 TERRACE  
MIAMI FL 33158 ☐ Delete

TITLE NAME MGRM  
STREET ADDRESS INTERDEVCO PROJECTS L.C.  
CITY-ST-ZIP 7600 JOG ROAD  
BOYTON BEACH FL 33467 ☐ Delete

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE NAME 100004084 ☐ Change ☐ Addition  
STREET ADDRESS -04/27/01--01046--013  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

TITLE NAME ☐ Change ☐ Addition  
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:

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

Date

Daytime Phone #

4/11/01 (786) 236-5312

CR2E083 (11/00)