

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90119 001 ****50.00

DOCUMENT # L94000000694

1. Entity Name

SPIN-FLA1 L.C.

Principal Place of Business

**1112 WESTON RD., PMB 175
 FT. LAUDERDALE FL 33326**

Mailing Address

**1112 WESTON RD., PMB 175
 FT. LAUDERDALE FL 33326**

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

65-0547504

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

**NADLER, DANIEL M M
 SPINNAKER PROPERTIES, INC.
 1112 WESTON RD., PMB 175
 FT. LAUDERDALE FL 33326**

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.

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
 NAME **MGRM**
 STREET ADDRESS **NADLER, DANIEL M**
 CITY-ST-ZIP **1112 WESTON ROAD, PMB 175
 FT. LAUDERDALE FL 33326**

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

TITLE ☐ Delete
 NAME **MGRM**
 STREET ADDRESS **FRANK, IRWIN M**
 CITY-ST-ZIP **28001 CHAGRIN BLVD., STE 300
 CLEVELAND OH 44122**

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

TITLE ☐ Delete
 NAME **MEM**
 STREET ADDRESS **COHEN, MARTIN J**
 CITY-ST-ZIP **6267 STUMPH RD. STE 1-A
 PARMA HTS OH 33904**

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

TITLE ☐ Delete
 NAME **MEM**
 STREET ADDRESS **HUGHES, ROBERT K JR**
 CITY-ST-ZIP **5222 SUNSET CT.
 CAPE CORAL FL 33904**

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

TITLE ☐ Delete
 NAME **MEM**
 STREET ADDRESS **HUGHES, JAN**
 CITY-ST-ZIP **7143 S. BRENTWOOD RD.
 FT MYERS FL 33919**

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

TITLE ☐ Delete
 NAME **MEM**
 STREET ADDRESS **HUGHES, BO**
 CITY-ST-ZIP **5101 PERSHING AVE. #2
 FT. WORTH TX 76107**

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: DANIEL M. NADLER MANAGING MEMBER 4-15-02 954-815-8262

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

Date

Daytime Phone #

CR2E083 (9/01)