

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR 30 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L95000000197

1. Entity Name  
1840 NE 153RD ST., L.C.

Principal Place of Business  
1840 N.E. 153RD ST.  
NORTH MIAMI BEACH FL 33162

Mailing Address  
1840 N.E. 153RD ST.  
NORTH MIAMI BEACH FL 33162-6044



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0606565		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SPIVAK, MERRILL 1840 NE 153RD ST. NORTH MIAMI BEACH FL 33162				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 \_\_\_\_\_ (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				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM SPIVAK, MERRILL 1840 N.E. 153RD ST. NORTH MIAMI BEACH FL 33162	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	800003258528--5 -05/19/00--01009--012 *****50.00 *****50.00		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM SPIVAK, PHYLLIS 1840 N.E. 153RD ST. NORTH MIAMI BEACH FL 33162	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM SPIVAK, PHILIP 1840 N.E. 153RD ST. NORTH MIAMI BEACH FL 33162	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: MERRIL SPIVAK **REQUIRED** 4/26/00 (305) 947-3999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)