

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95000000909

1. Entity Name  
POT LUCK LOUEY REALTY, L.C.

Principal Place of Business  
C/O B. MILTENBERG  
3802 N.E. 207 STREET, APT. 1002  
AVENTURA FL 33180

Mailing Address  
C/O B. MILTENBERG  
3802 N.E. 207 STREET, APT. 1002  
AVENTURA FL 33180-3851

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

WALDMAN & FELUREN, P.A.  
ONE FINANCIAL PLAZA  
SUITE 1500  
FORT LAUDERDALE FL 33394

7. Name and Address of New Registered Agent

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**

9. MANAGING MEMBERS/MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
MILTENBERG, BRUCE  
3802 N.W. 207TH STREET APT. #1002  
AVENTURA FL 33180

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CITY - ST - ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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700003115037-ET  
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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: Bruce Miltenberg, Managing Member.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date: 1/13/2000

Daytime Phone #: 305 937-5175

FILED

00 JAN 18 PM 4:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0626453

Applied For  
Not Applicable

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