

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000001045

1. Entity Name

ASSOCIATES HOLDING GROUP, L.C.

FILED

01 APR -9 AM 7:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2 SOUTH UNIVERSITY DRIVE
SUITE #220
PLANTATION FL 33324-3335

Mailing Address
2 SOUTH UNIVERSITY DRIVE
SUITE #220
PLANTATION FL 33324-3335

2. Principal Place of Business
8100 SW 10TH ST
Suite, Apt. #, etc.
SUITE 2000
City & State
PLANTATION, FL
Zip
33324
Country
USA

3. Mailing Address
8100 SW 10TH ST
Suite, Apt. #, etc.
SUITE 2000
City & State
PLANTATION, FL
Zip
33324
Country
USA

4. FEI Number
65-0701092
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
WEINBERG, STEVEN A
8000 PETERS ROAD
2ND FLOOR
PLANTATION FL 33324

ADDRESS CHANGE ONLY

7. Name and Address of New Registered Agent
Name
WEINBERG STEVEN A
Street Address (P.O. Box Number is Not Acceptable)
7805 SW 6TH COURT
City
PLANTATION FL Zip Code
33024

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

200004013932--9
-04/17/01--01036--003
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KARP, MICHAEL C 2 SOUTH UNIVERSITY DRIVE #220 PLANTATION FL 33324-3335	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM ODEN, ROBERT 2 SOUTH UNIVERSITY DRIVE #220 PLANTATION FL 33324-3335	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM FARBER, HOWARD 2 SOUTH UNIVERSITY DRIVE #220 PLANTATION FL 33324-3335	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM MARKELS, ALLAN 2 SOUTH UNIVERSITY DRIVE #220 PLANTATION FL 33324-3335	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KARP, MICHAEL C 8100 SW 10TH ST #2000 PLANTATION, FL 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM ODEN, ROBERT 8100 SW 10TH ST #2000 PLANTATION, FL 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM FARBER, HOWARD 8100 SW 10TH ST #2000 PLANTATION, FL 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM MARKELS, ALLAN 8100 SW 10TH ST #2000 PLANTATION, FL 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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: MICHAEL C KARP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date 3/31/01 Daytime Phone # 954-474-9700

CR2E083 (11/00)