

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000001163

1. Entity Name
DEMARKA ASSOCIATES L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB -7 PM 2:05

Principal Place of Business
7141 LIONS HEAD LANE
BOCA RATON FL 33496

Mailing Address
7141 LIONS HEAD LANE
BOCA RATON FL 33496-5938



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0727373

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

GOLDBERG, EARL I
7141 LIONS HEAD LANE
BOCA RATON FL 33496

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	MEM	<input type="checkbox"/> Delete
NAME	GOLDBERG, EARL I	
STREET ADDRESS	7141 LIONS HEAD LANE	
CITY - ST - ZIP	BOCA RATON FL 33496	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10.

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

ADDITIONS/CHANGES

<input type="checkbox"/> Change	<input type="checkbox"/> Addition
700003131247--S	
-02/10/00--01078--018	
*****50.00 *****50.00	
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Change	<input type="checkbox"/> Addition

[Signature]

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 OR MANAGER

Date

Daytime Phone #

2/4/00

561-4877517

CR2E083 (9/99)