

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 13 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MINOM

DOCUMENT # L96000001290

1. Entity Name

SDK HOLDINGS, L.L.C.

Principal Place of Business

240 W PALMETTO PARK RD

SUITE 300

BOCA RATON FL 33432

Mailing Address

240 W PALMETTO PARK RD

SUITE 300

BOCA RATON FL 33432-3761

2. Principal Place of Business

2401 NW Boca Raton Blvd

Suite, Apt. #, etc.

SUITE 100

City & State

Boca Raton, Florida

Zip

33431-4639

Country

U.S.A.

3. Mailing Address

2401 NW Boca Raton Blvd

Suite, Apt. #, etc.

SUITE 100

City & State

Boca Raton, Florida

Zip

33431-4639

Country

U.S.A.

4. FEI Number

65-0736928

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DASZKAL, MICHAEL CPA

240 W PALMETTO PARK RD

SUITE 300

BOCA RATON FL 33432

Name

Daszkal, Michael CPA

Street Address (P.O. Box Number is Not Acceptable)

2401 NW Boca Raton Blvd

SUITE 100

City

Boca Raton

FL

Zip Code

33431-4639

7. Name and Address of New Registered Agent

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 ☐ Delete
M SCHIFF, JERRY
STREET ADDRESS 5551 PINEDALE AVE
CITY- ST- ZIP COTE ST LUC QUEBEC CANADA

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 000003237010--8
CITY- ST- ZIP -05/03/00--01070--017

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *****50.00
CITY- ST- ZIP *****50.00

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

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

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

TITLE NAME ☐ Change ☐ Addition
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: 1

SIGNATURE REQUIRED

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

Date

Daytime Phone #

CR2E083 (9/99)