

2000 UNIFORM BUSINESS REPORT (UBR)

0005631 AF

DOCUMENT # L97000000389

1. Entity Name
BET BARUCH PROPERTIES, L.C.

APPROVED
AND
FILED

00 APR 18 AM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

10208 NW 24TH PL
BLD. 203 #105
SUNRISE FL 33322

Mailing Address

10208 NW 24TH PL.
BLD. 203 #105
SUNRISE FL 33322-6862

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

mNm

4. FEI Number

65-0743138

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

MABARI, SALOMON
10208 NW 24TH PL
BLD. 203 #105
SUNRISE FL 33322

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

10. ADDITIONS / CHANGES

TITLE NAME ☐ Delete
MGRM
MABARI, SALOMON
STREET ADDRESS 6543 RACQUET CLUB DRIVE
CITY- ST- ZIP FORT LAUDERDALE FL 33319

TITLE NAME ☒ Change ☐ Addition
10208 NW 24 PL, APT. 105
STREET ADDRESS
CITY- ST- ZIP SUNRISE, FL 33322

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

TITLE NAME ☐ Delete
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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

4/17/00

CFR2E083 (9/99)