

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000456

1. Entity Name

LA PIAZZA AT YOUNG CIRCLE, L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 20 PM 12:39

*13/27*



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3990 SHERIDAN STREET, SUITE 209  
HOLLYWOOD FL 33021

Mailing Address

3990 SHERIDAN STREET, SUITE 209  
HOLLYWOOD FL 33021-3656

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0762448

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

BERMAN, STEVEN B

3990 SHERIDAN STREET, SUITE 209  
HOLLYWOOD FL 33021

Name

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

500003188935--0

-03/29/00--01074--008

City

\*\*\*\*\*50.00L \*\*\*\*\*50.00

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 MGRM ☐ Delete  
NAME Berman, Howard B  
STREET ADDRESS 3990 SHERIDAN STREET #209  
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE MGRM ☐ Change ☒ Addition  
NAME ROBIN, ROBIN E.  
STREET ADDRESS 3990 SHERIDAN STREET #209  
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE MGRM ☐ Delete  
NAME Berman, SUSY  
STREET ADDRESS 3990 SHERIDAN STREET #209  
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE MGRM ☒ Change ☐ Addition  
NAME Berman, SUSY  
STREET ADDRESS 1890 TYLER STREET  
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE MGRM ☐ Delete  
NAME Berman, STEVEN B  
STREET ADDRESS 3990 SHERIDAN STREET #209  
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE MGRM ☐ Change ☒ Addition  
NAME BOUR-PATRON, MARCIE  
STREET ADDRESS 3990 SHERIDAN STREET #209  
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE MGRM ☐ Delete  
NAME BATIEVSKY, ABRAHAM  
STREET ADDRESS 3990 SHERIDAN STREET #209  
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE MGRM ☒ Change ☐ Addition  
NAME BATIEVSKY, ABRAHAM  
STREET ADDRESS 1890 TYLER STREET  
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE MGRM ☐ Delete  
NAME GAIL D. COHEN INTERVIVOS TRUST UAD 4/27/89  
STREET ADDRESS 5220 N. 35TH STREET  
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE MGRM ☐ Change ☒ Addition  
NAME DABAH, JUDY  
STREET ADDRESS 1890 TYLER STREET  
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE MGRM ☐ Delete  
NAME SHIRLEY ATTIAS IRA  
STREET ADDRESS P.O. BOX 24147  
CITY-ST-ZIP FT. LAUDERDALE FL 33307

TITLE MGRM ☐ Change ☐ Addition  
NAME  
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 STEVEN BERMAN, MANAGING MEMBER

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

Date

Daytime Phone #

3/6/00

(954) 981-7744

CR2E083 (9/99)