

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000456

1. Entity Name

LA PIAZZA AT YOUNG CIRCLE, L.C.

FILED

01 APR -6 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3990 SHERIDAN STREET, SUITE 209
HOLLYWOOD FL 33021

Mailing Address

3990 SHERIDAN STREET, SUITE 209
HOLLYWOOD FL 33021

2. Principal Place of Business

3. Mailing Address

3107 STIRLING ROAD, SUITE 204

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FT. LAUDERDALE, FL

4. FEI Number

65-0762448

Applied For

Not Applicable

Zip

Country

Zip

Country

33312

USA

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)

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

TITLE
NAME
STREET ADDRESS 3107 STIRLING ROAD STE. 204
CITY-ST-ZIP FT. LAUDERDALE, FL 33312 ☒ Change ☐ Addition

TITLE MGRM
NAME BERMAN, SUSY
STREET ADDRESS 1890 TYLER STREET
CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Delete

TITLE
NAME
STREET ADDRESS 800003996128--1
CITY-ST-ZIP -04/13/01--01016--013 ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS 3107 STIRLING ROAD, STE. 204
CITY-ST-ZIP FT. LAUDERDALE, FL 33312 ☒ Change ☐ Addition

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

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

321-01

(954) 981-7744 x27

Date

Daytime Phone #

CR2E083 (11/00)