

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 JUL 19 AM 11:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L97000000698

**1. Entity Name**

ERILYN GROUP 3, L.L.C.

**Principal Place of Business**      **Mailing Address**

4090 N. State Rd 7      4700 N. State Rd 7, Bldg A, #101  
Lauderdale Lakes, FL      Lauderdale Lakes, FL 33319  
33319

**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** 65-0826305      **Applied For** ☐ **Not Applicable**

**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**Name** BRUCE NABAT

**Street Address** (P.O. Box Number is Not Acceptable) 1190 N. E. 125th St., #21

**City** North Miami      **FL**      **Zip Code** 33161

**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** *Bruce Nabat*      **DATE** 6/16/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

**9. MANAGING MEMBERS/MEMBERS**

<b>TITLE</b>	mgrm	<input type="checkbox"/> Delete
<b>NAME</b>	CHARLES PAGE	
<b>STREET ADDRESS</b>	4700 N. State Rd 7	
<b>CITY-ST-ZIP</b>	Lauderdale Lakes, FL	
<b>TITLE</b>	mgrm	<input type="checkbox"/> Delete
<b>NAME</b>	MITCHELL GOLDBERG	
<b>STREET ADDRESS</b>	353 Lexington Ave., 10th Floor	
<b>CITY-ST-ZIP</b>	New York, NY 10017	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**10. ADDITIONS/CHANGES**

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>	900003335219--7	
<b>CITY-ST-ZIP</b>	-07/25/00--01050--013	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>	*****50.00	
<b>CITY-ST-ZIP</b>	*****58.00	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:** *Charles Page*      **charles Page**      **6-20-00**      **954-777-1771**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER      Date      Daytime Phone #

CR2E083 (11/99)