

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 30 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0002416 AF

DOCUMENT # L97000000712

1. Entity Name
MR. C'S AUTO SALES OF LAUDERHILL, L.C.

Principal Place of Business
1189 NORTH STATE ROAD 7
LAUDERHILL FL 33313

Mailing Address
P.O. BOX 772435
CORAL SPRINGS FL 33077-2435



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0770468

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WEINSTEIN, HOWARD S
11900 BISCAYNE BLVD., STE. 740
N. MIAMI FL 33181

Name

Howard Weinstein

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

2450 NE MIAMI GARDENS DR. 2ND FLOOR

City

North Miami Beach

FL

Zip Code

33180

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

9000003258549--0
-05/19/00--01006--025
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME MR. C'S AUTO SALES OF MARGATE, INC.
STREET ADDRESS 891 N. STATE ROAD 7
CITY-ST-ZIP MARGATE FL 33063 ☐ Delete

TITLE MGRM
NAME MR. C'S AUTO SALES OF MARGATE, INC. ☒ Change ☐ Addition
STREET ADDRESS P.O. Box 772435
CITY-ST-ZIP CORAL SPRINGS, FL. 33077

TITLE MGRM
NAME BROTHER RESHEF ISRAEL, LTD.
STREET ADDRESS 2000 ISLAND BLVD., STE. 2910
CITY-ST-ZIP AVENTURA FL 33063 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

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

042800

Date

Daytime Phone #

(954) 761-7731

CR2E083 (9/99)

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L98000002531

1. Entity Name

FLORIDA CARDIOVASCULAR RESEARCH, L.C.

00 APR 30 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

~~5511 SOUTH CONGRESS AVENUE, SUITE 125~~
~~LAKE WORTH FL 33462~~

Mailing Address

~~5511 SOUTH CONGRESS AVENUE, SUITE 125~~
~~LAKE WORTH FL 33462-1140~~

2. Principal Place of Business

4TH FLOOR ROTHMAN CTR

3. Mailing Address

SAME

Suite, Apt. #, etc.

5301 SOUTH CONGRESS AVE

Suite, Apt. #, etc.

City & State

ATLANTIS, FL.

City & State

4. FEI Number

65-0870419

Applied For

Not Applied

Zip

33462

Country

PALESTINE

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MIDWALL, JAY DR

~~5511 SOUTH CONGRESS AVENUE, SUITE 125~~
~~LAKE WORTH FL 33462~~

7. Name and Address of New Registered Agent

Name SAME AS PRINCIPAL PLACE OF BUSINESS

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

TITLE MGRM ☐ Delete
NAME CARDIOLOGY ASSOCIATES OF PALM BEACH, P.A.
STREET ADDRESS 1401 FORUM WAY
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE MGRM ☐ Delete
NAME FLORIDA CARDIOLOGY GROUP, P.A.
STREET ADDRESS 110 JFK DRIVE, #110
CITY-ST-ZIP ATLANTIS FL 33462

TITLE MGRM ☐ Delete
NAME MEDICAL SPECIALISTS OF THE PALM BEACHES IN
STREET ADDRESS 5700 LAKE WORTH ROAD, SUITE 204
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE MGRM ☐ Delete
NAME PALM BEACH HEART ASSOCIATES, P.A.
STREET ADDRESS 5511 SOUTH CONGRESS AVENUE, SUITE 125
CITY-ST-ZIP LAKE WORTH FL 33462

TITLE MGRM ☐ Delete
NAME COHEN, TERRENCE JAY M.D.
STREET ADDRESS 4801 SOUTH CONGRESS AVENUE, SUITE 206
CITY-ST-ZIP LAKE WORTH FL 33461

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐
NAME 800003256068-4
STREET ADDRESS -05/18/00--01001--003
CITY-ST-ZIP *****150.00 *****150.00

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

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

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

TITLE ☐ Change ☐
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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

4/26/00 561 963-52