

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000001225

1. Entity Name  
JUSTBEIT, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR -1 AM 10:56

Principal Place of Business  
3008-C S. OCEAN BLVD.  
HIGHLAND BEACH FL 33487

Mailing Address  
3008-C S. OCEAN BLVD.  
HIGHLAND BEACH FL 33487-1886



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
13860 Wellington Trace  
Suite, Apt. #, etc.  
#20

3. Mailing Address  
13860 Wellington Trace  
Suite, Apt. #, etc.  
#20

City & State  
Wellington, FL  
Zip  
33414  
Country  
USA

City & State  
Wellington, FL  
Zip  
33414  
Country  
USA

4. FEI Number  
65-0792864

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

RUBIN, FRANK  
3008-C S. OCEAN BLVD.  
HIGHLAND BEACH FL 33487

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
13860 Wellington Trace, #20  
City  
Wellington FL Zip Code  
33414

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

DATE  
01/31/00

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

## 9. MANAGING MEMBERS / MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
RUBIN, SUSAN  
3008-C S. OCEAN BLVD.  
HIGHLAND BEACH FL 33487 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

## 10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
13860 Wellington Trace, #20  
Wellington, FL 33414 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
Rubin, Frank  
13860 Wellington Trace, #20  
Wellington, FL 33414 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
wf 3/14/00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
000003172750-6  
-03/16/00--01073--001  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

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

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 OR MANAGER  
Frank Rubin 01/31/00 561-333-5255  
Date Daytime Phone #

CR2E083 (9/99)