

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000565

1. Entity Name

SILVER EQUITY, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 28 AM 10:02

Principal Place of Business

C/O CHAIM KATZMAN
777 17TH STREET, PENTHOUSE
MIAMI BEACH FL 33139

Mailing Address

C/O CHAIM KATZMAN
777 17TH STREET, PENTHOUSE
MIAMI BEACH FL 33139



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16916 NE Miami Gardens Dr.

3. Mailing Address

Suite, Apt. #, etc. Same

Suite, Apt. #, etc.

2nd Floor

City & State

North Miami Beach FL

City & State

4. FEI Number

65-0833539

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARCUS, ALAN

20803 BISCAYNE BLVD., SUITE 301

NORTH MIAMI BEACH FL 33180

7. Name and Address of New Registered Agent

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/MANAGERS

TITLE MGR
NAME GAZIT (1995), INC.
STREET ADDRESS 777 17TH STREET, PENTHOUSE
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ 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 16916 NE Miami Gardens Drive
CITY-ST-ZIP North Miami Beach, FL 33179 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 200003380322--0
CITY-ST-ZIP -09/01/00--01061--025 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP *****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 REQUIRED

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

8/23/00

(305) 947-1664