

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000001513**

1. Entity Name

MAIN STREET AT CORAL SPRINGS, L.C.

Principal Place of Business

680 WEST PALM AIRE DR.
POMPANO BEACH FL 33069

Mailing Address

680 WEST PALM AIRE DR.
POMPANO BEACH FL 33069

2. Principal Place of Business

3. Mailing Address

1291 A. South Powerline Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PHB 325

City & State

City & State

Pompano Beach FL

Zip

Country

Zip

Country

33069

U.S.A.

4. FEI Number

65-0860347

Applied For

Not Applicable

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

FILINGS, INC.

3732 NORTHWEST 16TH STREET
FORT LAUDERDALE FL 33311

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
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BRICKETTO, JOE
555 SOUTH POMPAO PARKWAY
POMPANO BEACH FL 33069 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ALAMEDA, LTD.
555 SOUTH POMPAO PARKWAY
POMPANO BEACH FL 33069 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800003930339--2
-03/29/01--01113--013
*****55.00 *****55.00 ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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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

Date

Daytime Phone #

03/20/01 951.9717148

0007833 AF

CR2E083 (11/00)



DO NOT WRITE IN THIS SPACE

FILED
01 MAR 23 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA