

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001526

1. Entity Name  
NYUK NYUK NYUK, L.C.

FILED

00 JAN 19 AM 11:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2300 GLADES ROAD, SUITE 302E  
BOCA RATON FL 33431

Mailing Address  
2300 GLADES ROAD, SUITE 302E  
BOCA RATON FL 33431-8538



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  
65-0861825

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

SCIARRETTA, STEVEN A  
2300 GLADES ROAD, SUITE 302E  
BOCA RATON FL 33431

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  
MGR  
SCIARRETTA, STEVEN A  
2300 GLADES ROAD, SUITE 302E  
BOCA RATON FL 33431 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
500002117995--0  
-02/01/00--01052--021  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
SCIARRETTA, KIMBERLY  
2300 GLADES ROAD, SUITE 302E  
BOCA RATON FL 33431 ☐ 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 Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/13/00

581 368 7978

Date

Daytime Phone #