

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001578

1. Entity Name
ROGOVER BUILDING L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 15 PM 1:59



DO NOT WRITE IN THIS SPACE

Principal Place of Business
7216 N.W. 48TH COURT
LAUDERHILL FL 33319

Mailing Address
7216 N.W. 48TH COURT
LAUDERHILL FL 33319-3423

2. Principal Place of Business
1190 NW 15TH DRIVE
Suite, Apt. #, etc.

3. Mailing Address
1190 NW 15TH DRIVE
Suite, Apt. #, etc.

City & State
North Miami Beach FL

City & State
North Miami Beach FL

Zip
33169

Country

Zip
33169

Country

4. FEI Number 65-0861180

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
ROGOVER, BERNARD
7216 N.W. 48TH COURT
LAUDERHILL FL 33319

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Numbers Not Acceptable)
1190 NW 15TH DRIVE
City North Miami Beach FL Zip Code 33169

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 _____ (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 NAME STREET ADDRESS CITY- ST- ZIP	MGRM ROGOVER, BERNARD 7216 N.W. 48TH COURT LAUDERHILL FL 33313	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY- ST- ZIP	1190 NW 15TH DRIVE NORTH MIAMI BEACH FL 33169	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	500003152105-2 -02/29/00--01084--020 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Bernard Rogover*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2-9-00

Date Daytime Phone #

0005509 AF

CR2E083 (9/99)