

# 2000 UNIFORM BUSINESS REPORT (UBR)

0005022 AF

DOCUMENT # L98000001660

1. Entity Name  
LS, EPS, LLC

FILED

00 JAN 12 PM 2:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1040 BAYVIEW DRIVE, #528  
FORT LAUDERDALE FL 33304

Mailing Address  
1040 BAYVIEW DRIVE, #528  
FORT LAUDERDALE FL 33304-2506



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
1291 SEMINOLE DRIVE  
Suite, Apt. #, etc.

3. Mailing Address  
1291 SEMINOLE DRIVE  
Suite, Apt. #, etc.

City & State  
FT. LAUDERDALE, FLA  
Zip  
33304  
Country  
Barred

City & State  
FT. LAUDERDALE, FLA  
Zip  
33304  
Country  
Barred

4. FEI Number 65-0866958

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

FERDINAND & SULLIVAN, P.A.  
100 WEST CYPRESS CREEK ROAD, SUITE 910  
FORT LAUDERDALE FL 33309

## 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]* 1/5/2000  
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

TITLE NAME MGR  
STREET ADDRESS SIMKOWITZ, LOREN DR.  
CITY-ST-ZIP 1040 BAYVIEW DRIVE, #528  
FORT LAUDERDALE FL 33304 ☐ 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 7000003104147-1  
CITY-ST-ZIP -01/20/00--01037--002  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS *pd \$50.00*  
CITY-ST-ZIP *1/5/2000* ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS *chk 12/11*  
CITY-ST-ZIP *LLC* ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS *[Signature]* ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS *[Signature]* ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS *[Signature]* ☐ 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]*

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

Date

Daytime Phone #

CR2E083 (9/99)