

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001661

1. Entity Name  
1335, LLC

FILED

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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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0866958

Applied For

Not Applied

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

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

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 MGR  
STREET ADDRESS SIMKOWITZ, LOREN DR.  
CITY- ST- ZIP 1040 BAYVIEW DRIVE, #528  
FORT LAUDERDALE FL 33304

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP  
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1/5/2000

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# 373

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STREET ADDRESS  
CITY- ST- ZIP

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

Date

Daytime Phone #

954-564-060  
1/5/2000