

2000 UNIFORM BUSINESS REPORT (UBR)

0006978 AF

DOCUMENT # L98000002168
1. Entity Name
 MAXWELL/FRANKEL, L.C.

FILED

00 JAN 27 AM 11:32

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
 200 ADMIRALS COVE BLVD.
 JUPITER FL 33477

Mailing Address
 200 ADMIRALS COVE BLVD.
 JUPITER FL 33477-4046



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0874481
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 FRANKEL, THOMAS
 200 ADMIRALS COVE BLVD.
 JUPITER FL 33477

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 _____ (NOTE: Registered Agent signature required when reinstating) _____
 Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	FRANKEL, THOMAS	
STREET ADDRESS	200 ADMIRALS COVE BLVD.	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MAXWELL, MICHAEL	
STREET ADDRESS	600 SANDTREE DRIVE, #202C	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33403	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300003118669--6
STREET ADDRESS	-02/01/00--01080--017
CITY-ST-ZIP	*****50.00 *****50.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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** Thomas Frankel, MGRM, 561-744-1033 1/21/00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)