

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002292

1. Entity Name  
COOPER CITY NO.1, L.C.

FILED

01 APR 27 PM 4: 53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1690 S. CONGRESS AVENUE, SUITE 200  
DELRAY BEACH FL 33445

Mailing Address  
1690 S. CONGRESS AVENUE, SUITE 200  
DELRAY BEACH FL 33445



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 65-0881168

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

LEVY, ROBERT A  
1690 S. CONGRESS AVENUE, SUITE 200  
DELRAY BEACH FL 33445

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.

Robert A. Levy

4/27/01

(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 MGRM ☐ Delete  
NAME LEVY, ROBERT A  
STREET ADDRESS 1690 S. CONGRESS AVENUE, SUITE 200  
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME SADKIN, S.MARTIN  
STREET ADDRESS 7890 PETERS ROAD, G-105  
CITY-ST-ZIP PLANTATION FL 33324

TITLE MGRM ☒ Change ☐ Addition  
NAME S.A.O.K. S.MARTIN  
STREET ADDRESS 7860 PETERS ROAD SUITE F-111  
CITY-ST-ZIP PLANTATION, FL 33324

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 900004221169  
STREET ADDRESS -05/16/01--01132--011  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Robert A. Levy 4/27/01 (501) 274-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

8345

0015334 AF

CR2E083 (11/00)