

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002475

1. Entity Name

POSITRON PARTNERS, LLC

Principal Place of Business

809 EAST PALMETTO PARK ROAD  
BOCA RATON FL 33432

Mailing Address

809 EAST PALMETTO PARK ROAD  
BOCA RATON FL 33432-5105

2. Principal Place of Business

1 S. Ocean Blvd.

Suite, Apt. #, etc.

Suite 206

3. Mailing Address

1 S. Ocean Blvd.

Suite, Apt. #, etc.

Suite 206

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

33432

Country

U.S.A.

Zip

33432

Country

U.S.A.

6. Name and Address of Current Registered Agent

CHATOFF, HOWARD S

809 EAST PALMETTO PARK ROAD  
BOCA RATON FL 33432

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, 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 MGRM  
NAME CHATOFF, HOWARD  
STREET ADDRESS 809 EAST PALMETTO PARK ROAD  
CITY- ST- ZIP BOCA RATON FL 33432

TITLE MGRM  
NAME CHATOFF, WILLIAM  
STREET ADDRESS 809 EAST PALMETTO PARK ROAD  
CITY- ST- ZIP BOCA RATON FL 33432

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

6/9/00

Date

(561) 416-0085

Daytime Phone #

FILED  
00 JUN 15 PM 4:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0363198  
APPLIED FOR

Applied For  
Not Applicable

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