

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000002579**

1. Entity Name
S.R. 84 GROUP, LLC

FILED

01 FEB 15 PM 4:53

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**1314 E. LAS OLAS BLVD. #1098
FORT LAUDERDALE FL 33301**

Mailing Address
**1314 E. LAS OLAS BLVD. #1098
FORT LAUDERDALE FL 33301**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0870171**

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

**COHEN, BRYAN
1314 E. LAS OLAS BLVD. #1098
FORT LAUDERDALE FL 33301**

Name **DAVID R. LAWRENCE**

Street Address (P.O. Box Number is Not Acceptable)

4901 NW 17th WAY STE 406

City **FT LAUDERDALE** FL Zip Code **33309**

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 *David R. Lawrence* **DAVID R. LAWRENCE** 1-31-01
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**

**600003708716--4
-02/19/01--01007--027
*****50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **COHEN, BRYAN**
STREET ADDRESS **1314 E. LAS OLAS BLVD. #1098**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 *Bryan D. Cohen* **BRYAN D. COHEN** 2/1/01 954 763 5208
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #

CR2E083 (11/00)