

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002693

1. Entity Name
EINBINDER MILFORD LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 13 PM 5:00

Principal Place of Business
19525 PLANTERS POINT DRIVE
BOCA RATON FL 33434

Mailing Address
19525 PLANTERS POINT DRIVE
BOCA RATON FL 33434-5172



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 06-1524402		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent

EINBINDER, DAVID A
19525 PLANTERS POINT DRIVE
BOCA RATON FL 33434

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) DATE _____

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

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR EINBINDER, DAVID A 19525 PLANTERS POINT DRIVE BOCA RATON FL 33434	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	4000003182754--2 -03/24/00--01050--001 *****50.00	☐ Change ☐ Addition
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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]* **SIGNATURE REQUIRED** 03-08-00 561 488 2934

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 19/499