

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002981

1. Entity Name  
POSITRON ENTERPRISES, L.L.C.

APPROVED  
AND  
FILED

00 MAY -1 PM 3:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
ONE SOUTH OCEAN BLVD  
Suite, Apt. #, etc.  
SUITE 206

3. Mailing Address  
ONE SOUTH OCEAN BLVD  
Suite, Apt. #, etc.  
SUITE 206

City & State  
BOCA RATON, FL

City & State  
BOCA RATON, FL

4. FEI Number  
65-088041

Applied For  
Not Applicable

Zip  
33432

Country  
U.S.

Zip  
33432

Country  
U.S.

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

CHATOFF, HOWARD S  
809 EAST PALMETTO PARK ROAD  
BOCA RATON FL 33432

Name

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

ONE SOUTH OCEAN BLVD, SUITE 206

City  
BOCA RATON

FL

Zip Code  
33432

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

4-19-00

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  
POSITRON PARTNERS, L.L.C.  
809 EAST PALMETTO PARK ROAD  
BOCA RATON FL 33432 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
POSITRON PARTNERS, LLC  
ONE SOUTH OCEAN BLVD, SUITE 206  
BOCA RATON, FL 33432 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4-19-00

CR2E083 (9/99)