

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # L98000003400**

1. Entity Name  
**ARCH CREEK WAREHOUSE COMPLEX, L.L.C.**

FILED

00 JAN 21 PM 3:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: 15499 W. DIXIE HIGHWAY, NORTH MIAMI BEACH FL 33162  
Mailing Address: 15499 W. DIXIE HIGHWAY, NORTH MIAMI BEACH FL 33162-6031



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0885092		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
KURZMAN, JOHN 15499 W. DIXIE HIGHWAY NORTH MIAMI BEACH FL 33162				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	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KURZMAN, JOHN		NAME		
STREET ADDRESS	16496 NE 31 AVENUE		STREET ADDRESS		
CITY - ST - ZIP	NORTH MIAMI BEACH FL 33162		CITY - ST - ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KURZMAN, RHODA		NAME	300003142693--2	
STREET ADDRESS	16496 NE 31 AVENUE		STREET ADDRESS	-02/22/00--01043--008	
CITY - ST - ZIP	NORTH MIAMI BEACH FL 33162		CITY - ST - ZIP	*****50.00 *****50.00	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	A-Z BLDG., INC.		NAME		
STREET ADDRESS	15499 W. DIXIE HIGHWAY		STREET ADDRESS		
CITY - ST - ZIP	NORTH MIAMI BEACH FL 33162		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: Rhoda Kurzman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)