

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000158

1. Entity Name
1750 W. OAKLAND PARK BOULEVARD, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 16 PH 1:56

Principal Place of Business
10081 PINES BOULEVARD, SUITE C
PEMBROKE PINES FL 33024

Mailing Address
10081 PINES BOULEVARD, SUITE C
PEMBROKE PINES FL 33024-6171



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21370 Sweetwater Ln.
Suite, Apt. #, etc.

3. Mailing Address
21370 Sweetwater Ln.
Suite, Apt. #, etc.

City & State
Boca Raton FL.
Zip
33428
Country
W.P.B.

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Boca Raton FL.
Zip
33428
Country
W.P.B.

4. FEI Number
65-087 9849
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STRAUS, ARNOLD JR
ARNOLD STRAUS, JR., P.A.
10081 PINES BOULEVARD, SUITE C
PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent

Name
Elisha Zamir
Street Address (P.O. Box Number is Not Acceptable)
21370 Sweetwater Ln.
City
Boca Raton FL Zip Code
33428

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 MAR. 11.00
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 NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROSEN, ISAAC TRUSTEE 2500 PARKVIEW DRIVE, #2105 HALLANDALE FL 33009	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROSEN, EUGENIA TRUSTEE 2500 PARKVIEW DRIVE, #2105 HALLANDALE FL 33009	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CHESS, AMOS 2315 STIRLING ROAD FORT LAUDERDALE FL 33312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ZAMIR, ELISHA 2701 EAST OAKLAND PARK BLVD FT LAUDERDALE FL 33306	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROSEN, ISAAC TRUSTEE 2751 S. OCEAN DR. # 1105-S Hollywood FL. 33019	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROSEN, EUGENIA TRUSTEE 2751 S. OCEAN DR. # 1105-S Hollywood FL. 33019	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	500003189475--6 -03/30/00--01022--007 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ZAMIR, Elisha 21370 Sweetwater Ln. Boca Raton FL. 33428	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

MAR. 11.00 954-891-0776
Date Daytime Phone #