

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000298

1. Entity Name

FORT LAUDERDALE REALTY, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 24 AM 9:40

Principal Place of Business

2651 NORTH FEDERAL HIGHWAY, SUITE 200
FORT LAUDERDALE FL 33306

Mailing Address

2651 NORTH FEDERAL HIGHWAY, SUITE 200
FORT LAUDERDALE FL 33306-1446

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0893257

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

GOLD, TYLER A
2651 NORTH FEDERAL HIGHWAY, SUITE 200
FORT LAUDERDALE FL 33306

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

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 MGRM FARO, DOMENIC ☐ Delete
STREET ADDRESS 3700 GALT OCEAN DRIVE
CITY- ST- ZIP FORT LAUDERDALE FL 33308

TITLE NAME MGRM OHMEN, HEINZ BERND ☐ Delete
STREET ADDRESS 3600 GALT OCEAN DRIVE, #11A
CITY- ST- ZIP FORT LAUDERDALE FL 33308

TITLE NAME MGRM GOLD, TYLER A ☐ Delete
STREET ADDRESS 2651 NORTH FEDERAL HIGHWAY, SUITE 200
CITY- ST- ZIP FORT LAUDERDALE FL 33306

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS / CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP *my 3/7/00*

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 3000002161643--3
CITY- ST- ZIP -03/08/00--01018--009
*****50.00 *****50.00

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

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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:

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

Date

Daytime Phone #

2-16-00

954-565-5577

CR2E083 (9/99)