

2001 UNIFORM BUSINESS REPORT (UBR)

0015012 AF

DOCUMENT # **L99000000488**

1. Entity Name

FREEDMAN AND FREEDMAN PARTNERSHIP, LLC

FILED

01 APR 20 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

8177 GLADES ROAD, SUITE 103
BOCA RATON FL 33434

Mailing Address

8177 GLADES ROAD, SUITE 103
BOCA RATON FL 33434



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

23 Royal Palm Way

3. Mailing Address

23 Royal Palm Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit 11

Unit 11

City & State

City & State

Boca Raton, FL

Boca Raton, FL

Zip

Country

Zip

Country

33432

USA

33432

USA

4. FEI Number

59-3711265

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FREEDMAN, LAWRENCE

8177 GLADES ROAD, SUITE 103

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

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 **MGRM** ☐ Delete
NAME **FREEDMAN, LAWRENCE**
STREET ADDRESS **8177 GLADES ROAD, SUITE 103**
CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-18-01 561 487-2525

CR2E083 (11/00)