

# 2001 UNIFORM BUSINESS REPORT (UBR)

0016341 AF

DOCUMENT # L99000000507

1. Entity Name  
SLS BOCA RATON PROPERTY, L.C.

FILED

01 APR -9 AM 7:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
6553 LANDINGS COURT  
BOCA RATON FL 33496

Mailing Address  
6553 LANDINGS COURT  
BOCA RATON FL 33496



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number 52-2133749  
Applied For  
Not Applicable

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

SAPERSTEIN, HOWARD M  
6553 LANDINGS COURT  
BOCA RATON FL 33496

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM SAPERSTEIN, HOWARD 6553 LANDINGS COURT BOCA RATON FL 33496	<input type="checkbox"/>		
MGRM LEVINE, JAY 6578 LANDINGS COURT BOCA RATON FL 33496	<input type="checkbox"/>		
MGRM STEINBERG, MICHAEL 3771 COVENTRY LANE BOCA RATON FL 33496	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

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\*\*\*\*\*50.00 \*\*\*\*\*50.00

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 #

CR2E083 (11/00)