

2000 UNIFORM BUSINESS REPORT (UBR)

0007138 AF

DOCUMENT # L99000000623

1. Entity Name
ARENA DELRAY, LLC

FILED

00 APR 11 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
290 NE 5TH AVENUE
DELRAY BEACH FL 33483

Mailing Address
290 NE 5TH AVENUE
DELRAY BEACH FL 33483-5531

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

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

HARVAN, DAVID M
40 NORTHEAST 7TH AVENUE
DELRAY BEACH FL 33483

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

10. ADDITIONS / CHANGES

TITLE NAME MGRM ARENA, FRANK
STREET ADDRESS 290 NE 5TH AVENUE
CITY- ST- ZIP DELRAY BEACH FL 33483 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 800003217278--7
CITY- ST- ZIP -04/20/00--01100--002
*****50.00 *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

TITLE NAME ☐ Delete
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TITLE NAME ☐ Delete
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 REQUIRED

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

Date

Daytime Phone #

4-5-00 361-901-4419

CR2E083 (9/99)