

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000649

1. Entity Name  
CENTER 28, L.C.

FILED

01 APR 20 PM 12:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
C/O ROYAL LANDSCAPING  
7031 PARKLANE ROAD  
LAKE WORTH FL 33467

Mailing Address  
C/O ROYAL LANDSCAPING  
7031 PARKLANE ROAD  
LAKE WORTH FL 33467



2. Principal Place of Business

12539 ACME PALM RD

Suite, Apt. #, etc.

3. Mailing Address

12539 ACME PALM RD.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BAYVIEW BEACH FLA

City & State

BAYVIEW BEACH, FLA

Zip  
33437

Country  
USA

Zip  
33437

Country  
USA

4. FEI Number 65-0891976

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MOMBACH, GEOFFREY S ESQ  
MOMBACH BOYLE & HARDIN, P.A.  
500 EAST BROWARD BOULEVARD, SUITE 1950  
FORT LAUDERDALE FL 33394

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  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
BILOWIT, FRED  
7031 PARKLANE ROAD  
LAKE WORTH FL 33467 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
BILOWIT, FRED  
12539 ACME PALM RD  
BAYVIEW BEACH, FLA 33437 ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
200004084242-01  
-04/27/01--01033--018  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-20-01 561-969-9699

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CR2E083 (11/00)