

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L990000000846

1. Entity Name

BURSTYN ORLANDO LLC

APPROVED  
AND  
FILED

00 MAR 27 AM 9:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*nf 4/4*

DO NOT WRITE IN THIS SPACE

Principal Place of Business

4700 SHERIDAN ST.  
BUILDING N  
HOLLYWOOD, FL 33021

Mailing Address

4700 SHERIDAN ST.  
BUILDING N  
HOLLYWOOD, FL 33021

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

65-0926004

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

JUDAH BURSTYN  
2103 NE 38TH AVENUE  
21215  
AVENTURA, FL 33180

Name JUDAH BURSTYN

Street Address (P.O. Box Number is Not Acceptable)  
21215 NE 38TH AVE

City AVENTURA

FL

Zip Code 33180

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

*Judah Burstyn*  
Signature typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/10/00

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MANAGER ☐ Delete  
NAME JUDAH BURSTYN  
STREET ADDRESS 2103 NE 38TH AVENUE  
CITY-ST-ZIP AVENTURA, FL 33180

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 800003207568--3  
CITY-ST-ZIP -04/13/00--01085--011  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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 included 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:

*Judah Burstyn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3/10/00

Date

Signature Printed Name