

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001056

1. Entity Name
VCI BUILDING, L.L.C.

FILED

00 FEB -4 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4000 HOLLYWOOD BLVD. SUITE 580-N
HOLLYWOOD FL

Mailing Address
4000 HOLLYWOOD BLVD. SUITE 580-N
HOLLYWOOD FL 33021-6751



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4000 Hollywood Blvd
Suite, Apt. #, etc.
Suite 580N

3. Mailing Address
4000 Hollywood Blvd
Suite, Apt. #, etc.
Suite 580-N

City & State
Hollywood, FL

City & State
Hollywood, FL

4. FEI Number
650904242

☒ Applied For
☐ Not Applicable

Zip Country
33021 USA

Zip Country
33021 USA

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

6. Name and Address of Current Registered Agent

TOLAND, HOWARD S
100 SOUTHEAST THIRD AVENUE, SUITE 1900
ONE FINANCIAL PLAZA
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 MGR
NAME YOSIFOVE, YOSEF
STREET ADDRESS 4000 HOLLYWOOD BLVD, SUITE 580-N
CITY-ST-ZIP HOLLYWOOD FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600003128106--C
-02/08/00--01121--002
*****50.00 *****50.00

TITLE
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TITLE
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]

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

Date

Daytime Phone #