

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001158

1. Entity Name

MASSEY, COICAN & SCHUSTER, L.L.C.

FILED

00 FEB -3 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2455 EAST SUNRISE BOULEVARD, SUITE 1100
FORT LAUDERDALE FL 33304

Mailing Address

2455 EAST SUNRISE BOULEVARD, SUITE 1100
FORT LAUDERDALE FL 33304-3114

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

65-0888597

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

MASSEY, ALBERT P

2455 EAST SUNRISE BOULEVARD, SUITE 1100
FORT LAUDERDALE FL 33304

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 MGRM ☐ Delete

NAME MASSEY, ALBERT P III
STREET ADDRESS 2455 EAST SUNRISE BOULEVARD, SUITE 1100
CITY-ST-ZIP FORT LAUDERDALE FL 33304

TITLE VICE President ☐ Delete

NAME GREGORY G. COICAN, MGR
STREET ADDRESS 2455 EAST SUNRISE BOULEVARD
CITY-ST-ZIP SUITE 1100 FORT LAUDERDALE, FL 33304

TITLE ☐ Delete

NAME
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President
Massey, Albert P III, MGRM Change ☐ Addition
2455 East Sunrise Boulevard Suite 1100
Fort Lauderdale, FL 33304

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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 OR MANAGER

Date

Daytime Phone #

1-5-00 954-567-4119

CR2E083 (9/99)