

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 29 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MDM

DOCUMENT # L99000001239

Entity Name

DELRAY ESTUARY, L.C.

Principal Place of Business

832 SOUTH MILITARY TRAIL
DEERFIELD BEACH FL 33442

Mailing Address

832 SOUTH MILITARY TRAIL
DEERFIELD BEACH FL 33442-2985

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

65-0921448

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

GOLDBERG, MICHAEL D
C/O PORTEN COMPANIES, INCORPORATED
832 SOUTH MILITARY TRAIL
DEERFIELD BEACH FL 33442

Name

Corpro, Inc.

Street Address (P.O. Box Number is Not Acceptable)

2699 South Bayshore Drive
7th Floor

City

Miami

FL

Zip Code

33133

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 By:

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

HOWARD L. FRIEDBERG, VP

(NOTE: Registered Agent signature required when reinstating)

4/26/00

DATE

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM
STREET ADDRESS GOLDBERG, MICHAEL
CITY-ST-ZIP 832 SOUTH MILITARY TRAIL
DEERFIELD BEACH FL 33442

☒ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
600003249966-1
-05/12/00-01024-009
*****50.00 *****50.00

☐ Change ☐ Addition

TITLE NAME MGRM
STREET ADDRESS PORTEN, SCOTT
CITY-ST-ZIP 832 SOUTH MILITARY TRAIL
DEERFIELD BEACH FL 33442

☐ Delete

TITLE NAME
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CITY-ST-ZIP

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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 OR MANAGER

SCOTT PORTEN, Mgrm

Date

4/26/00 (954) 422-1883

Daytime Phone #