

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001259

1. Entity Name
SURFMED #2, L.L.C.

Principal Place of Business
7430 COLLINS AVENUE
MIAMI BEACH FL 33141

Mailing Address
7430 COLLINS AVENUE
MIAMI BEACH FL 33141-2714

FILED

00 JAN 12 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0901016

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

DADE COUNTY CORPORATE AGENTS, INC.
20801 BISCAYNE BLVD., SUITE 505
AVENTURA FL 33180

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
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
RITTENBERG, JEFFREY H
7430 COLLINS AVENUE
MIAMI BEACH FL 33141 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
600003099716--1
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
RITTENBERG, JAYSON B
7430 COLLINS AVENUE
MIAMI BEACH FL 33141 ☐ Delete

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

JAYSON RITTENBERG 1/7/00 305 865 2600

Date

Daytime Phone #

CR2E083 (9/99)