

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001339

1. Entity Name

417 EAST OCEAN AVE. LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 24 AM 10: 02



DO NOT WRITE IN THIS SPACE

Principal Place of Business

511 EAST OCEAN AVE.
BOYNTON BEACH FL 33425

Mailing Address

P.O. BOX 57
BOYNTON BEACH FL 33435

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0906686

Applied For

Not Applicable

Zip

Country

Zip

Country

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

OYER, HARVEY E JR.
511 EAST OCEAN AVE.
BOYNTON BEACH FL 33425

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

Harvey E. Oyer - HARVEY E. OYER JR. MGRM
Signature, typed or printed name of registered agent and time if applicable. (NOTE: Registered Agent signature required when reinstating)

8/19/00
DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

300003383673--2
-09/06/00--01075--021
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM ☐ Delete
STREET ADDRESS OYER, HARVEY E JR.
CITY-ST-ZIP P.O. BOX 57
BOYNTON BEACH FL 33425

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

Harvey E. Oyer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

8/19/00

Date

Daytime Phone #

561-732-9305

CR2E083 (5/00)