

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001562

1. Entity Name  
WINDWARD PLAZA L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 13 PM 1:13

Principal Place of Business  
7233 SAN SEBASTIAN DRIVE  
BOCA RATON FL 33433

Mailing Address  
7233 SAN SEBASTIAN DRIVE  
BOCA RATON FL 33433-1050



DO NOT WRITE IN THIS SPACE

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 0904094

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

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name MARK LEICHTER

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

7233 SAN SEBASTIAN DR

City Boca RATON

FL

Zip Code 33433

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 ~~MARK LEICHTER~~ MARK LEICHTER

3/7/00

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 MGRM LEICHTER, MARK  
STREET ADDRESS 7233 SAN SEBASTIAN DRIVE  
CITY-ST-ZIP BOCA RATON FL 33433 ☐ Delete

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

TITLE NAME MGRM LEICHTER, HALEY M  
STREET ADDRESS 7233 SAN SEBASTIAN DRIVE  
CITY-ST-ZIP BOCA RATON FL 33433 ☐ Delete

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
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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: ~~MARK LEICHTER~~ MARK LEICHTER

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

3/7/00

Date

561 447 4402

Daytime Phone #

CR2E083 (9/99)