

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000001562**

1. Entity Name

WINDWARD PLAZA L.L.C.

FILED

01 APR 16 PM 3: 11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE:

Principal Place of Business

7233 SAN SEBASTIAN DRIVE
BOCA RATON FL 33433

Mailing Address

7233 SAN SEBASTIAN DRIVE
BOCA RATON FL 33433

2. Principal Place of Business

4875 WINDWARD PASSAGE
SUITE, APT. #, ETC. **DRIVE**

3. Mailing Address

P.O. BOX 880502
SUITE, APT. #, ETC.

City & State

BOCA RATON BCH FL

City & State

BOCA RATON FL

4. FEI Number

65-0904094

Applied For

Not Applicable

Zip **33436**

Country **USA**

Zip **33488**

Country **USA**

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEICHTER, MARK
7233 SAN SEBASTIAN DR.
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name **MARK LEICHTER C/- KOCH REISS**

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

4700 SHERMAN ST BLVD N

City **HOLLYWOOD**

FL

Zip Code **33021**

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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/01

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

9. MANAGING MEMBERS / MEMBERS

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **900004064959--3**
CITY-ST-ZIP **-04/24/01--01102--027**
*******50.00 *****50.00**

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/12/01

Date

561 4414402

Daytime Phone #

CR2E083 (11/00)