

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002055

1. Entity Name

SPA ATLANTIS MANAGEMENT, LLC



FILED

2003 APR 23 PM 3:50

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1350 NORTH  
1400 SOUTH OCEAN BLVD  
POMPAHO BEACH FL 33062

Mailing Address  
1350 NORTH  
1400 SOUTH OCEAN BLVD  
POMPAHO BEACH FL 33062



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

1350 NO. OCEAN BLVD

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPAHO BEACH, FLA

City & State

4. FEI Number

65-0912583

Applied For

Not Applicable

Zip

33062

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WEISMAN  
WEISMAN, DAVID  
2021 TYLER ST  
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name DAVID WEISMAN, ESQ

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

2021 TYLER STREET

City HOLLYWOOD

FL

Zip Code

33020

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME HALPERIN, MAURICE  
STREET ADDRESS 17890 DEAUVILLE LN  
CITY-ST-ZIP BOCA RATON FL 33496 ☒ Delete

TITLE MGR  
NAME MINKIN, CAROL  
STREET ADDRESS 4405 WOODFIELD BLVD  
CITY-ST-ZIP BOCA RATON FL 33434 ☐ Delete

TITLE MGR  
NAME MINKIN, JOSHUA  
STREET ADDRESS 4405 WOODFIELD BLVD  
CITY-ST-ZIP BOCA RATON FL 33434 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
100016810701  
04/23/03--01064--004 \*\*\$50.00

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
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:

CAROL MINKIN

4-18-03

954-590-1150

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

Date

Daytime Phone #