

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # L99000002123

1. Entity Name

ATLANTIC BUSINESS CENTER L.C.

00 MAY -9 AM 9:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

2100 PARK CENTRAL BOULEVARD NORTH, STE 900  
POMPANO BEACH FL 33064

Mailing Address

2100 PARK CENTRAL BOULEVARD NORTH, STE 900  
POMPANO BEACH FL 33064-2242



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

65-0911341

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

Name

KLEIN, THEODORE J ESQ  
88 N.E. 168 STREET  
NORTH MIAMI BEACH FL 33162

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 MGR ☐ Delete  
NAME AZOUT, JACK  
STREET ADDRESS 2875 NE 191 STREET, PENTHOUSE 1  
CITY-ST-ZIP AVENTURA FL 33180

☐ Change ☐ Addition  
700003280787--0  
-06/08/00--01009--025  
\*\*\*\*100.00 \*\*\*\*\*50.00

TITLE MGR ☐ Delete  
NAME GILINSKI, SAUL  
STREET ADDRESS 2875 NE 191 STREET, PENTHOUSE 1  
CITY-ST-ZIP AVENTURA FL 33180

☐ Change ☐ Addition

TITLE MGR ☐ Delete  
NAME SREDNI, ERWIN  
STREET ADDRESS 2875 NE 191 STREET, PENTHOUSE 1  
CITY-ST-ZIP AVENTURA FL 33180

☐ Change ☐ Addition

TITLE MGR ☐ Delete  
NAME SREDNI, ISAAC  
STREET ADDRESS 2875 NE 191 STREET, PENTHOUSE 1  
CITY-ST-ZIP AVENTURA FL 33180

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
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:

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

Date

Daytime Phone #

CR2E083 (9/9/01)