

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002235

1. Entity Name

SOUTH BLOUNT, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -1 AM 11:59

Principal Place of Business

C/O IRVING SHIMOFF, ESQ.
100 SE 2ND ST., STE 3920, NATIONSBANK TWR
MIAMI FL 33131

Mailing Address

C/O IRVING SHIMOFF, ESQ.
100 SE 2ND ST., STE 3920, NATIONSBANK TWR
MIAMI FL 33131-2148



2. Principal Place of Business

9728 W. Sample Rd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Coral Springs, FL

City & State

4. FEI Number

65-0918507

Applied For
Not Applicable

Zip
33071

Country

USA

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

SHIMOFF, IRVING ESQ
NATIONSBANK TOWER
100 SOUTHEAST 2ND STREET, SUITE 3920
MIAMI FL 33131

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

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
STREET ADDRESS
CITY-ST-ZIP
MGRM
EISENBERG, JAY
9728 WEST SAMPLE ROAD
CORAL SPRINGS FL 33065

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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 #

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