

# 2000 UNIFORM BUSINESS REPORT (UBR)

0002405 AF

DOCUMENT # L99000003523

1. Entity Name

800 NORTHWEST, L.L.C.

APPROVED  
AND  
FILED

00 MAR 29 AM 11:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*my 417*

Principal Place of Business

3641 N.W. 71ST STREET  
COCONUT CREEK FL 33073

Mailing Address

3641 N.W. 71ST STREET  
COCONUT CREEK FL 33073-4809

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

4. FEI Number

65-0926858

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

SVOPA, RICHARD

3641 N.W. 71ST STREET

COCONUT CREEK FL 33073

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 MGRM ☐ Delete  
NAME SVOPA, RICHARD  
STREET ADDRESS 3641 N.W. 71ST STREET  
CITY-ST-ZIP COCONUT CREEK FL 33073

TITLE ☐ Change ☐ Addition  
NAME SVOPA, RICHARD  
STREET ADDRESS 3641 N.W. 71ST STREET  
CITY-ST-ZIP COCONUT CREEK FL 33073

TITLE MGRM ☐ Delete  
NAME SVOPA, MAUREEN  
STREET ADDRESS 3641 N.W. 71ST STREET  
CITY-ST-ZIP COCONUT CREEK FL 33073

TITLE ☐ Change ☐ Addition  
NAME SVOPA, MAUREEN  
STREET ADDRESS 3641 N.W. 71ST STREET  
CITY-ST-ZIP COCONUT CREEK FL 33073

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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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: *[Signature]* SIGNATURE REQUIRED

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

3-20-00

Date

954-491-2055

Daytime Phone #

CR2E083 (9/99)