

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003958

1. Entity Name  
ANESCO NORTH BROWARD, LLC

Principal Place of Business  
1511 EAST COMMERCIAL BLVD., SUITE 146  
FORT LAUDERDALE FL 33334

Mailing Address  
1511 EAST COMMERCIAL BLVD., SUITE 146  
FORT LAUDERDALE FL 33334-5717

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATE  
00 JAN 31 AM 8:3



2. Principal Place of Business  
3601 W. COMMERCIAL BLVD

3. Mailing Address  
3601 W. COMMERCIAL BLVD

Suite, Apt. #, etc.  
SUITES 4 & 5

Suite, Apt. #, etc.  
SUITES 4 & 5

City & State  
FT. LAUDERDALE FL

City & State  
FT. LAUDERDALE FL

Zip  
33309

Country  
USA

Zip  
33309

Country  
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MELI, RICHARD M.D.  
2515 N.E. 7TH PLACE  
FORT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
MELI, RICHARD M.D.  
2515 NE 7TH PLACE  
FORT LAUDERDALE FL 33304 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
SNYDER, SCOTT M.D.  
3031 NORTH OCEAN BLVD. #1702  
FORT LAUDERDALE FL 33308 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
KOLBERT, PAUL M.D.  
3105 CANTERBURY DRIVE  
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

10.

ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
000003121420  
-02/02/00-01035-011  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
3211 N. 39TH ST.  
HOLLYWOOD, FL. 33021 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
5505 N. MILITARY TRAIL # 313  
BOCA RATON FL 33496 ☒ 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:

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

1/22/00

Date

954 485 2002

Daytime Phone #