

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004024

1. Entity Name
EASTMARK ASSOCIATES, L.L.C.

Principal Place of Business
8058 ABERDEEN COUNTRY CLUB DR., STE. 101
BOYNTON BEACH FL 33437

Mailing Address
8058 ABERDEEN COUNTRY CLUB DR., STE. 101
BOYNTON BEACH FL 33437

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

APPROVED
AND
FILED

00 MAR 27 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

7. Name and Address of New Registered Agent

SHAPIRO, MICHAEL B
7777 GLADES ROAD, SUITE 200
BOCA RATON FL 33434

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
LAZRUS, SHERMAN
PO BOX 4083
SILVER SPRINGS MD 20914

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

300003207593--6
-04/13/00--01085--017
*****55.00 *****55.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

MGRM
CECCHINI, WALTER
8058 ABERDEEN COUNTRY CLUB DRIVE
BOYNTON BEACH FL 33437

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STREET ADDRESS
CITY- ST- ZIP

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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 #

561
3/23/2000 742 0255

CR2E083 (9/99)