

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004028

1. Entity Name
10-N, LLC

Principal Place of Business
1287 WEST ATLANTIC BOULEVARD
POMPANO BEACH FL 33069

Mailing Address
1287 WEST ATLANTIC BOULEVARD
POMPANO BEACH FL 33069

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 65-0932067

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

LEVY, ALAN J
1287 WEST ATLANTIC BOULEVARD
POMPANO BEACH FL 33069

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
ALAN J. LEVY FAMILY PARTNERSHIP, LTD.
1287 WEST ATLANTIC BOULEVARD
POMPANO BEACH FL 33069 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400003828534--8
-03/09/01--01092--012
*****50.00 ☐ Change ☐ Addition

TITLE
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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: *MANAGED BY ALAN J. LEVY INC BY [Signature] President 2/23/01*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

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