

2000 UNIFORM BUSINESS REPORT (UBR)

0002162 AF

DOCUMENT # L99000004307

1. Entity Name
ACC PROPERTIES, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 16 PM 3:20

Principal Place of Business
C/O DAVID PINCHEVSKY, C.P.A.
9728 WEST SAMPLE ROAD
CORAL SPRINGS FL 33065

Mailing Address
C/O DAVID PINCHEVSKY, C.P.A.
9728 WEST SAMPLE ROAD
CORAL SPRINGS FL 33065-4004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

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

DIAMOND, BARRY A
9728 WEST SAMPLE ROAD
CORAL SPRINGS FL 33065

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 MGR
NAME STEINBOK, HARRY
STREET ADDRESS 9728 WEST SAMPLE ROAD
CITY - ST - ZIP CORAL SPRINGS FL 33065

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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-03/24/00--01100--018

TITLE MGR
NAME VAUGHN, JERRY
STREET ADDRESS 9728 WEST SAMPLE ROAD
CITY - ST - ZIP 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 REQUIRED

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

3/10/01

Date

Daytime Phone #

954-917-3009

CR2E083 (9/99)