

2000 UNIFORM BUSINESS REPORT (UBR)

0017802 SP

DOCUMENT # L99000004582

1. Entity Name

MENKAN, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -2 PM 4:19

Principal Place of Business

840 U.S. HIGHWAY #1 SUITE 400
NORTH PALM BEACH FL 33408

Mailing Address

840 U.S. HIGHWAY #1 SUITE 400
NORTH PALM BEACH FL 33408

2. Principal Place of Business

3702 BROADWAY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH FL

City & State

4. FEI Number

65-0934323

Applied For

Not Applicable

Zip

33407

Country

PALM BEACH

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KANNER, STEVEN

840 U.S. HIGHWAY #1 SUITE 400
NORTH PALM BEACH FL 33408

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 ☐ Delete
NAME KANNER, STEVEN
STREET ADDRESS 840 U.S. HIGHWAY #1 SUITE 400
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600003123096--8
CITY-ST-ZIP -02/03/00--01098--004

TITLE MGR ☐ Delete
NAME MENDELSON, AVISHAI
STREET ADDRESS 840 U.S. HIGHWAY #1 SUITE 400
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS *****50.00 *****50.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exercise the powers required by Chapter 608, Florida Statutes.

SIGNATURE:

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

1-31-00

Date

561-842-2660

Daytime Phone #