

2001 UNIFORM BUSINESS REPORT (UBR)

0002495 SP

DOCUMENT # L99000005485

1. Entity Name

OPERATING RIGHT UP MY ALLEY, L.C.

FILED

01 MAR 29 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

288-Z SMITH SUNDAY ROAD
DELRAY BEACH FL 33446

Mailing Address

288-Z SMITH SUNDAY ROAD
DELRAY BEACH FL 33446

2. Principal Place of Business

14450 Smith Sundry Rd.
Suite, Apt. #, etc.

3. Mailing Address

→ same
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0945454

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

MOMBACH, GEOFFREY S
500 EAST BROWARD BLVD
STE 1950
FORT LAUDERDALE FL 33394

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

200003985702--2
-04/11/01--01009--016
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MGRM
WOLF, STEVEN
STREET ADDRESS
288-Z SMITH SUNDAY ROAD
CITY-ST-ZIP
DELRAY BEACH FL

TITLE NAME ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
14450 Smith Sundry Rd.

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ 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 execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)