

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN -2 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000005928

1. Entity Name

PLANTATION CAPITAL, LLC

Weston Capital Investment LLC

Principal Place of Business

2500 HOLLYWOOD BLVD
STE 212
HOLLYWOOD FL 33020

Mailing Address

2500 HOLLYWOOD BLVD
STE 212
HOLLYWOOD FL 33020-6615

2. Principal Place of Business

2237 N. Commerce Parkway

3. Mailing Address

2237 N. Commerce Parkway

(Suite) Apt. #, etc.

#3

(Suite) Apt. #, etc.

#3

City & State

Weston, FL

City & State

Weston, FL

33326

Country

US

33326

Country

US

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

MANELLA, ROSS H
2500 HOLLYWOOD BLVD
STE 212
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name: MANELLA, ROSS H. ESQ.
Street Address (P.O. Box Number is Not Acceptable)
2237 N. Commerce Parkway
Suite #3
City: Weston FL 33326

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

ROSS MANELLA

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MANELLA, ROSS H 2500 HOLLYWOOD BLVD., STE 212 HOLLYWOOD FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	2237 N. Commerce Parkway Suite #3 Weston, FL. 33326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President MARM Susan Manella 2237 N. Commerce Parkway Suite #3 Weston, FL. 33326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	500003292695-3 -06/15/00-01113-012 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

ROSS MANELLA

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

4/29/00

(954)
985-3637

Date

Daytime Phone #

CR2E083 (9/99)