

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006015

1. Entity Name
VALUE MART, L.L.C.

FILED

00 APR 10 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4000 HOLLYWOOD BLVD., STE 350-N
HOLLYWOOD FL 33021

Mailing Address
4000 HOLLYWOOD BLVD., STE 350-N
HOLLYWOOD FL 33021-6789



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2701-2791 DAVIE BLVD
Suite, Apt. #, etc. 305

3. Mailing Address
9401 LIME-BAY BLVD
Suite, Apt. #, etc. # 305

City & State
FT. LAUDERDALE, FL
Zip 33312 Country USA

City & State
TAMARAC, FL
Zip 33321 Country U.S.A

4. FEI Number
765-0949525

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FEINBERG, JEFFREY
4000 HOLLYWOOD BLVD., STE 350-N
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name SAM OZ
Street Address (P.O. Box Number is Not Acceptable)
9401 LIME-BAY BLVD # 305
City TAMARAC FL Zip Code 33321

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

(NOTE: Registered Agent signature required when reinstating)

DATE 4-5-2000

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

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	MGRM			
	OZ, SAM	4000 HOLLYWOOD BLVD., STE 350-N	HOLLYWOOD FL	

10. ADDITIONS/CHANGES

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4-5-00 954 718022