**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 27, 2002 8:00 am Secretary of State DOCUMENT # L9900006325 1. Entity Name 02-27-2002 90061 012 \*\*\*\*50.00 MIZNER PLACE LLC Mailing Address Principal Place of Business 210 KNICKERBOCKER ROAD 320 S.E. MIZNER BOULEVARD. SUITE 1102 % NORMAN S. WEINSTEIN **BOCA RATON FL 33432** CRESSKILL NJ 07626 3. Mailing Address 2. Principal Place of Business <u>411 NE 7th Avenue</u> DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 22-3681246 Not Applicable Delray Beach, FL 33483 Country Zip \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WEINSTEIN, NORMAN S Street Address (P.O. Box Number is Not Acceptable) 411 NE 7th Avenue 320 S.E. MIZNER BOULEVARD, SUITE 1102 **BOCA RATON FL 33432** Zip Code 33483 City Delray Beach changing its registered office or registered agent, or both, in the State of Florida 8. The above named enti SIGNATURE or registered event and title it applicable dent/Manager Welnstein https://www.near.edu.com/welnsteins/ FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. ☐ Addition TITLE Change TITLE Delete RUCKMAN PROPERTIES, INC. NAME NAME STREET ADDRESS STREET ADDRESS 210 KNICKERBOCKER ROAD CITY-ST-ZIP CITY-ST-ZIP CRESSKILL NJ 07626 MGR ☐ Delete TITLE X Change ☐ Addition TITLE SUMMIT BUILDING & DESIGN, INC. NAME NAME 13860-12 Wellington Trace #506 STREET ADDRESS STREET ADDRESS 7522 WILES ROAD, SUITE 108 CITY-ST-ZIP CITY-ST-ZIP Wellington, FL 33414 CORAL SPRINGS FL 33067 TITLE Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 accorate 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 repeits or trustee empowered to prepute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

EQUIRED IGNATURETAND TXBED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 2/6/02

Date

561–330–3662

Daytime Phone #