

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006341

1. Entity Name  
V.M. HAZAN, LLC

FILED

01 FEB 27 PM 8:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

27 FLETCHER AVENUE  
SARASOTA FL 34237

Mailing Address

27 FLETCHER AVENUE  
SARASOTA FL 34237

2. Principal Place of Business

1211 GULF OF MEXICO DR

Suite, Apt. #, etc.

109

3. Mailing Address

Suite, Apt. #, etc.

City & State

LONGBOAT KEY

City & State

Zip

34228

Country

SARASOTA

Zip

Country

4. FEI Number

22-3678295

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FINKELSTEIN, DAVID  
27 FLETCHER AVENUE  
SARASOTA FL 34237

7. Name and Address of New Registered Agent

Name

VICTOR HAZAN

Street Address (P.O. Box Number is Not Acceptable)

1211 Gulf of Mexico Dr., #109

City

LONGBOAT KEY

FL

Zip Code

34228

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

*Victor Hazan*

VICTOR HAZAN

2.23.01

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

TITLE MGR  
NAME HAZAN, VICTOR  
STREET ADDRESS 1211 GULF OF MEXICO DR., #109  
CITY-ST-ZIP SARASOTA FL 34228

☐ Delete

TITLE MGR  
NAME HAZAN, MARCELLA  
STREET ADDRESS 1211 GULF OF MEXICO DR., #109  
CITY-ST-ZIP SARASOTA FL 34228

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS / CHANGES

TITLE  
NAME HAZAN  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME HAZAN  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

*Victor Hazan* VICTOR HAZAN 2.23.01 (941) 383-7114

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

Date

Daytime Phone #

0022334 AF

CR2E083 (11/00)