## **2001 UNIFORM BUSINESS REPORT (UBR)**

200	ONIFORM DOS	INESS REP	UNI	(OBN)					
DOCU  1. Entity Nam	MENT # L9900	0006534		-					
LARRY & MARLA SUGARMAN PROPERTIES, LLC						FILED			
						01 JAN 17 PM	1 2: 17		
Principal Place of Business Mailing Address						•	_		
26 SELBY LANE 26 SELBY LANE PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418						SECRETARY OF S TALLAHASSEE, FL	AAIE Opina		
FALM DEACH GARDERS FL 53410 FALM BEACH GARDERS FL 53410								<b>48</b> 11111 <b>4141 1841</b>	
2. Principal Place of Business 3. Mailing Address				·				<b>PB</b> (114) <b>0</b> 16) 1 <b>96</b> )	
Suite April # exc.		Suite, Apt. # etc.  AS ABOVE				DO NOT WRITE IN	N THIS SPACE		
City & Cate		City & State			4. FEII	Number 65-0976280	<del></del>	Applied For	
Zip	Country	Zip	Coun	ntry	5. Cert	ficate of Status Desired	□ \$5.00 A	dditional	
<u> </u>	6. Name and Address of Current	Registered Agent	<u> </u>				. Hee Hequi	red -	
	C. Hallo and Address Of Colfett	gistered Ageilt		Name	r. nam	e and Address of New Regis	nereu Agent		
SINGER,	MICHAEL S			Street Address	(P.O. Box N	lumber is Not Acceptable)			
1201 U.S. HIGHWAY ONE, SUITE 204A									
NORTH PALM BEACH FL 33408									
	•			City			FL Zip Co	de	
8. The above	named entity submits this statement for	r the purpose of changing it	ts registere	ed office or registe	ered agent.	or both, in the State of Florida			
SIGNATURE.	Signature, typed or printed name of registered agent a	and title if applicable. (NC	TE: Registere	d Agent signature require	ed when reinstat	ing)	DATE		
		EU E N	IOWIII I	EEE 10 650 00	1				
				FEE IS \$50.00 o Department (					
9.	MANAGING MEMBE	ERS/MEMBERS  Delete	10.	<u>. 1 · </u>	•	ADDITIONS/CH/	ANGES Change	☐ Addition	
NAME	SUGARMAN, LÁRRY	L. Delete	NAMI	1			☐ cliange		
STREET ADDRESS 26 SELBY LANE				ET ADDRESS		`5000 <u>035</u>	68185	2	
CITY-ST-ZIP TITLE	17 CH DESCRIPTION OF COURT			-ST-ZIP		-U1/23/U *****50	101089		
NAME	MGRM SUGARMAN, MARLA	☐ Delete	TITLE			<u> იოგიანე</u> ც	. Uti	K5∭ AMition	
STREET ADDRESS	26 SELBY LANE			ET ADDRESS					
CITY-ST-ZIP	PALM BEACH GARDENS FL 334	· · · · · <u> </u>	-	-ST-ZIP					
TITLE NAME		☐ Delete	TITLE				☐ Change	Addition	
STREET ADDRESS			STRE	ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP			— ~·		
NAME_	•	☐ Delete	, TITLE NAME	1		$\mathcal{W}$	Change	☐ Addition	
STRF5F ADDRESS		•		ET ADDRESS		<b>/</b> /			
CITY-ST-ZIP				-ST-ZIP		<u> </u>			
TITLE		☐ Delete	TITLE				Change	☐ Addition	
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CITY-ST-ZIP			-	-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME				☐ Change	☐ Addition	
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP	<del></del>				
maicalea	ertify that the information supplied with on this report is true and accurate and t pility company or the receiver or trustee.	inat my sionature shall have	a the same	Hegal ettect as it r	made under	oath that I am a managing :	ner certify that the member or manag	information er of the	
	/ / / /	- pariasa to exocute tris	/	. Squired by Onap	A 🔨	January,	1 56	1	
SIGNAT	URE: WHICH SHE SIGNATURE AND TYPED OR PRINTED NAME OF	SIGNING MANAGING MEMPER MA	PAU	Urence L	C Su	barman //	1 2	2-7/00	
		C				Date /	/ Daytime Phone #		