

# 2001 UNIFORM BUSINESS REPORT (UBR)

0007105 AF

**DOCUMENT # L99000007161**

1. Entity Name  
**6750 TAFT STREET, L.L.C.**

FILED

01 MAR 15 PM 4:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
6750 TAFT STREET  
HOLLYWOOD FL 33024

Mailing Address  
6750 TAFT STREET  
HOLLYWOOD FL 33024



2. Principal Place of Business  
**7050 Taft St.**  
Suite, Apt. #, etc.

3. Mailing Address  
**7050 Taft St.**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Hollywood, FL**

City & State  
**Hollywood, FL**

Zip  
**33024** Country  
**USA**

Zip  
**33024** Country  
**USA**

4. FEI Number **65-0967357** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GOLDWICH, LEE S**  
**6750 TAFT STREET**  
**HOLLYWOOD FL 33024**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**7050 Taft St.**

City **Hollywood,** FL Zip Code **33024**

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 **Lee S. Goldwisch** DATE **3-13-01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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
MGR	<b>GOLDWICH, LEE S</b>	<b>6750 TAFT STREET</b>	<b>HOLLYWOOD FL 33024</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		<b>7050 Taft St.</b>	<b>Hollywood, FL 33024</b>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **Lee S. Goldwisch** DATE **3-13-01** (954) 986-9408

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

CR2E083 (11/00)