

2001 UNIFORM BUSINESS REPORT (UBR)

0014569 AF

DOCUMENT # L99000007530

1. Entity Name
752 - 840 EAST LLC

FILED

01 MAY -3 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5000 BLUE LAKE DRIVE, SUITE 150
BOCA RATON FL 33431

Mailing Address
5000 BLUE LAKE DRIVE, SUITE 150
BOCA RATON FL 33431



2. Principal Place of Business
5000 T-Rex Ave.

3. Mailing Address
5000 T-Rex Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 150

Ste. 150

City & State
Boca Raton FL

City & State
Boca Raton FL

Zip
33431

Country

Zip
33431

Country

4. FEI Number 65-0959666

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SIEGEL, NED L
5000 BLUE LAKE DRIVE, SUITE 150
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
5000 T-Rex Ave. Ste. 150
City FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

DATE

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

300004335203--5
-05/31/01--01008--017
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRUNDT, BRUCE S 5000 BLUE LAKE DRIVE, SUITE 150 BOCA RATON FL 33431	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOSKIN, JOANNE 5000 BLUE LAKE DRIVE, SUITE 150 BOCA RATON FL 33431	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIEGEL, NED L 5000 BLUE LAKE DRIVE, SUITE 150 BOCA RATON FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROTHMAN, FRED 5000 BLUE LAKE DRIVE, SUITE 150 BOCA RATON FL 33431	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANSEATIC TRADE LTD. 1000 NORTH DIXIE HIGHWAY BOCA RATON FL 33432	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	5000 T-Rex Ave. Ste. 150	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5000 T-Rex Ave. Ste. 150	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5000 T-Rex Ave. Ste. 150	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5000 T-Rex Ave. Ste. 150	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5000 T-Rex Ave. Ste. 150 Boca Raton FL 33431	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)