

2001 UNIFORM BUSINESS REPORT (UBR)

0015363 AF

DOCUMENT # **L99000007660**

1. Entity Name
BIRCHWOOD/BOYNTON, LLC

FILED

01 APR 27 PM 4: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
C/O ROBERT LEVY
1690 SOUTH CONGRESS AVE.. SUITE 200
DELRAY BEACH FL 33445

Mailing Address
C/O ROBERT LEVY
1690 SOUTH CONGRESS AVE.. SUITE 200
DELRAY BEACH FL 33445

2. Principal Place of Business
C/O BWING, L.L.C.
Suite, Apt. #, etc.
1001 N.W. 62nd St. #320

3. Mailing Address
Jim Nobil/ULJ Realty
Suite, Apt. #, etc.
1001 N.W. 62nd St. #320

City & State
Fort Lauderdale, FL

City & State
Fort Lauderdale, FL

Zip
33309

Country

Zip
33309

Country

4. FEI Number
65-0960504

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEVY, ROBERT A
1690 SOUTH CONGRESS AVE., SUITE 200
DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

Name
William L. Epstein

Street Address (P.O. Box Number is Not Acceptable)
Gimelstob Enterprises, Inc.

2300 N.W. Corporate Blvd. Suite 222

City
Boca Raton **FL** Zip Code
33431

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 *William L. Epstein* **William L. Epstein** **April 27, 2001**
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEVY, ROBERT 1690 S. CONGRESS AVE., SUITE 200 DELRAY BEACH FL 33445	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SADKIN, S. MARTIN 7890 PETERS ROAD, SUITE G-105 PLANTATION FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM James H. Nobil 1001 N.W. 62nd St. Suite 320 Fort Lauderdale, FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Herbert Gimelstob 2300 N.W. Corporate Blvd. #222 Boca Raton, FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM James H. Nobil 1001 N.W. 62nd St. Suite 320 Fort Lauderdale, FL 33309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Sadkin, S. Martin 7860 Peters Road Suite F-111 Plantation, FL 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Herbert Gimelstob 2300 N.W. Corporate Blvd. Suite 222 Boca Raton, FL 33431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E083 (11/00)

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: *Robert A. Levy* **Robert A. Levy** **4/27/01** **561-274-2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # **8345**