

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007811

1. Entity Name  
THE MESSINGER, LLC

FILED

00 JAN 31 PM 1:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
1370 S. OCEAN BLVD. APT 1403  
POMPANO BEACH FL 33062

Mailing Address  
1370 S. OCEAN BLVD. APT 1403  
POMPANO BEACH FL 33062-7133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

650962783

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHWARTZ, HOWARD L  
2101 CORPORATE BLVD., STE 414  
BOCA RATON FL 33431

Name

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

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 reinstating)

DATE

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Managing Member  
Vivian Messinger  
1370 S. Ocean Blvd. APT: 1403  
Pompano Beach, FL 33062

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
300003117833  
-02/01/00--01033--008  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Member  
Paul Tartell  
4000 Island Blvd APT -2804  
N. Miami Beach, FL 33160

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Member  
Eugenie Tartell  
264 Lexington Ave. APT 11-C  
New York, NY 10016 -4182

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Member  
Lori Tartell  
5 Horizon Trd. #1209  
Fort Lee, NJ 07024

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
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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 OR MANAGER

Date

Daytime Phone #

VIVIAN MESSINGER  
SIGNATURE REQUIRED

1/10/2000

954-941-6909