

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007811

1. Entity Name
THE MESSINGER, LLC

FILED

01 MAR 16 PM 4:17

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0962783

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

(NOTE: Registered Agent signature required when reinstating)

DATE 1/12/01

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM MESSINGER, VIVIAN ☐ Delete
STREET ADDRESS 1370 S. OCEAN BLVD. APT 1403
CITY-ST-ZIP POMPANO BEACH FL 33062

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

TITLE NAME MEM TARTELL, PAUL ☐ Delete
STREET ADDRESS 4000 ISLAND BLVD. APT 2804
CITY-ST-ZIP N. MIAMI BEACH FL 33180

TITLE NAME THE 1996 Paul B. Tartell ☐ Change ☐ Addition
STREET ADDRESS Irrevocable Trust Agreement
CITY-ST-ZIP 4.0.0. 1-30-99

TITLE NAME MEM TARTELL, EUGENIE ☐ Delete
STREET ADDRESS 264 LEXINGTON AVENUE APT. 11-C
CITY-ST-ZIP NEW YORK NY 10016-4182

TITLE NAME 655 15300 S. OCEAN BLVD. ☐ Change ☐ Addition
STREET ADDRESS Hallandale, FL 33009
CITY-ST-ZIP

TITLE NAME MEM TARTELL, LORI ☐ Delete
STREET ADDRESS 5 HORIZON ROAD #1209
CITY-ST-ZIP FORT LEE NJ 07024

TITLE NAME 900003924463-5 ☐ Change ☐ Addition
STREET ADDRESS -03/28/01--01097--005
CITY-ST-ZIP *****50.00 *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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]* SIGNATURE REQUIRED

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

3/10/01 x 954-941-6909

Date

Daytime Phone #

0007588 AF

CR2E083 (11/00)