

2001 UNIFORM BUSINESS REPORT (UBR)

0006205 AF

DOCUMENT # L99000008190

1. Entity Name

S B VAN HOLDINGS, L.L.C.

FILED

01 MAR 30 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

ONE FINANCIAL PLAZA, SUITE 1100
100 S.E. THIRD AVENUE
FORT LAUDERDALE FL 33394

Mailing Address

ONE FINANCIAL PLAZA, SUITE 1100
100 S.E. THIRD AVENUE
FORT LAUDERDALE FL 33394



DO NOT WRITE IN THIS SPACE

MJH

2. Principal Place of Business

350 East Las Olas Blvd

Suite, Apt. #, etc.

Suite 1400

City & State

Ft. Lauderdale, FL

Zip

33301

Country

USA

3. Mailing Address

350 East Las Olas Blvd

Suite, Apt. #, etc.

Suite 1400

City & State

Ft. Lauderdale, FL

Zip

33301

Country

USA

4. FEI Number

65-0966486

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE S.E. THIRD AVENUE, 28TH FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent

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

TITLE MGRM
NAME BERRERD, STEVEN R
STREET ADDRESS ONE FINANCIAL PLAZA, SUITE 1100
CITY-ST-ZIP FT.LAUDERDALE FL 33394

☐ Delete

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10. ADDITIONS/CHANGES

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CITY-ST-ZIP

☐ Change ☐ Addition

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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/23/01

Date

954-713-1161

Daytime Phone #

CR2E083 (11/00)