

2000 UNIFORM BUSINESS REPORT (UBR)

0007305 AF

DOCUMENT # L99000008212

1. Entity Name

SLS NORTH PALM BEACH PROPERTIES, L.C.

FILED

00 MAR 23 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

6553 LANDINGS COURT
BOCA RATON FL 33496

Mailing Address

6553 LANDINGS COURT
BOCA RATON FL 33496-4078

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEL Number

52-2213463

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

SAPERSTEIN, HOWARD
6553 LANDINGS COURT
BOCA RATON FL 33496

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 MANAGING MEMBER ☐ Delete
NAME HOWARD M. SAPERSTEIN
STREET ADDRESS 6553 LANDINGS COURT
CITY-ST-ZIP BOCA RATON, FLORIDA 33496
TITLE MANAGING MEMBER ☐ Delete
NAME JAY LEVINE
STREET ADDRESS 6578 LANDINGS COURT
CITY-ST-ZIP BOCA RATON, FLORIDA 33496

TITLE ☐ Change ☒ Addition
NAME 100003198261--3
STREET ADDRESS -04/06/00--01053--008
CITY-ST-ZIP *****50.00 *****50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

HOWARD M. SAPERSTEIN 3/21/00 561-995-9252

CR2E083 (9/99)