

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008240

1. Entity Name

CHAMBERS PROPERTIES, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 13 PM 5:00

Principal Place of Business

4875 NORTH FEDERAL HIGHWAY, 7TH FLOOR  
FORT LAUDERDALE FL 33308

Mailing Address

4875 NORTH FEDERAL HIGHWAY, 7TH FLOOR  
FORT LAUDERDALE FL 33308-4610



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0971858

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSENBERG, ARTHUR R

4875 NORTH FEDERAL HIGHWAY, 7TH FLOOR  
FORT LAUDERDALE FL 33308

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 MGRM ☐ Delete  
NAME CHAMBERS, NEAL  
STREET ADDRESS 4875 NORTH FEDERAL HIGHWAY, 7TH FLOOR  
CITY-ST-ZIP FORT LAUDERDALE FL 33308

☐ Change ☐ Addition  
3000003187593--0  
-03/28/00--01081--017  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE MGRM ☐ Delete  
NAME SIKES, SHARON  
STREET ADDRESS 4875 NORTH FEDERAL HIGHWAY, 7TH FLOOR  
CITY-ST-ZIP FORT LAUDERDALE FL 33308

☐ Change ☐ Addition  
ALI

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3-8-2000

Date

954-893-7662

Daytime Phone #

CR2E083 (9/99)