

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000008240**

1. Entity Name

CHAMBERS PROPERTIES, L.L.C.

FILED

01 FEB 14 PM 4:23

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0971858

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
**400003707884-3
-02/16/01-01117-015
*****50.00 *****50.00**

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 REQUIRED

02-12-2001

98-717-9191

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

Date

Daytime Phone #

001983 AF

CR2E083 (11/00)