

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Apr 04, 2002 8:00 am**  
**Secretary of State**

04-04-2002 90008 046 \*\*\*\*50.00

**DOCUMENT # L99000008688**

1. Entity Name

**PORT DEVELOPMENT, LLC**

Principal Place of Business

**1460 SOUTH OCEAN BLVD.  
POMPANO BEACH FL 33062**

Mailing Address

**1460 SOUTH OCEAN BLVD.  
POMPANO BEACH FL 33062**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0967567**

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

**WALLACK, MICHAEL M ESQ  
27 FLETCHER AVE  
SARASOTA FL 34237**

7. Name and Address of New Registered Agent

Name

**DAVID WEISMAN**

Street Address (P.O. Box Number is Not Acceptable)

**2021 Tyler St**

City

**Hollywood**

FL

Zip Code

**33020**

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

**2/12/02****FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
GROSS, LEONARD  
1460 S OCEAN BLVD  
POMPANO FL 33062** ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
BLOOM, ASHLEY  
1460 SOUTH OCEAN BLVD.  
POMPANO BEACH FL 33062** ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
CAROL MINKIN  
4405 WOODFELD BLVD  
BOCA RATON, FL 33434** ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
MAURICE HALPERIN  
17890 DEFAUVILLE LANE  
BOCA RATON, FL 33496** ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
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:

**CAROL MINKIN**

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

Date

**3/27/02**

Daytime Phone #

**954  
941 6688**

CR2003 (5.1)