

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90123 014 *****50.00

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DOCUMENT # L99000008688

1. Entity Name

PORT DEVELOPMENT, LLC



Principal Place of Business

Mailing Address

1480 SOUTH OCEAN BLVD.
POMPANO BEACH FL 33062

1480 SOUTH OCEAN BLVD.
POMPANO BEACH FL 33062

2. Principal Place of Business

1350 N. OCEAN BLVD

3. Mailing Address

1350 N. OCEAN BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

POMPANO BEACH, FL

City & State

POMPANO BEACH, FL

4. FEI Number

65-0967567

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

Zip
33062

Country

Zip
33062

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEISMAN, DAVID
2021 TYLER ST.
HOLLYWOOD FL 33020

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR MINKIN
MINKIN, CAROL
4405 WOODFIELD BLVD.
BOCA RATON FL 33434

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HALDRIN, MAURICE **HALPERIN**
17890 DEAUVILLE LANE
BOCA RATON FL 33496

☐ Delete

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:

Carol Minkin
CAROL MINKIN

8-28-03

954-590-1150

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

Date

Daytime Phone #

CR2E083 (10/02)