

# 2000 UNIFORM BUSINESS REPORT (UBR)

L99000008847

DOCUMENT #

1. Entity Name

SOUTHERN BOULEVARD HOLDINGS, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 28 PM 12:48

Principal Place of Business

Mailing Address

2. Principal Place of Business

6604 EASTVIEW DR

3. Mailing Address

6604 EASTVIEW DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LANTANA, FL

City & State

LANTANA, FL

4. FEI Number

65-0967656

Applied For

Not Applicable

Zip

33462

Country

USA

Zip

33462

Country

USA

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

Name

ROBERT M. KRAMER

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

4000 HOLLYWOOD BLVD

SUITE 485 SOUTH

City

HOLLYWOOD FL

Zip Code

33021

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  
MANAGER PRESIDENT  
LEON PULTS  
6604 EASTVIEW DR  
LANTANA FL 33462 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
ny 3/8/00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGER VICE-PRESIDENT  
GALE PULTS  
6604 EASTVIEW DR  
LANTANA FL 33462 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
500003165485--3  
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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:

 LEON PULTS MANAGER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2/23/00

Date

561-964-4666

Daytime Phone #