

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN -5 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000009131

1. Entity Name

CORAL WEST LLC

Principal Place of Business

Mailing Address

315 SE 7 Street same
Ft Lauderdale FL 33301

2. Principal Place of Business

3. Mailing Address

Broward Florida Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

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

☐ Change ☐ Addition

TITLE ☐ Delete
NAME President
STREET ADDRESS Jerome R. Schechter MGRM
CITY-ST-ZIP 315 SE 7 Street 1st FL
Ft Lauderdale FL 33301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3000003297123--3

TITLE ☐ Delete
NAME V.P.
STREET ADDRESS Peter Awlyszyn MGRM
CITY-ST-ZIP Same 315 SE 7 Street 1st FL
Ft Lauderdale FL 33301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

-06/20/00--0106 Change 020 Addition
*****50.00 *****50.00

TITLE ☐ Delete
NAME V.P. Secty
STREET ADDRESS Arthur M. Smith MGRM
CITY-ST-ZIP Same 315 SE 7 Street 1st FL
Ft Lauderdale FL 33301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
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CITY-ST-ZIP

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

Jerome R. Schechter

pres.

Date

Daytime Phone #

pres 3-6-00 764 7600

CR2E083 (11/99)