

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90059 037 ****50.00

DOCUMENT # L99000009131

1. Entity Name

CORAL WEST LLC



Principal Place of Business

**315 S.E. 7TH STREET, FIRST FLOOR
FORT LAUDERDALE FL 33301**

Mailing Address

**315 S.E. 7TH STREET, FIRST FLOOR
FORT LAUDERDALE FL 33301**

20020013



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

888 South Andrews Ave

SAME

Suite, Apt. #, etc.

Ste 201A

Suite, Apt. #, etc.

1

City & State

Ft Lauderdale FL

City & State

same

4. FEI Number

65-0971994

Applied For

Not Applicable

Zip

33316

Country

FLORIDA

Zip

Country

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SCHECHTER, JEROME R
315 S.E. 7TH STREET, FIRST FLOOR
FORT LAUDERDALE FL 33301**

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. 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

TITLE **MGRM** ☐ Delete
NAME **SCHECHTER, JEROME R**
STREET ADDRESS **315 S.E. 7TH STREET, FIRST FLOOR**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE **MGRM** ☐ Delete
NAME **PAWLYSZYN, PETER**
STREET ADDRESS **315 S.E. 7TH STREET, FIRST FLOOR**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE **MGRM** ☐ Delete
NAME **SMITH, ARTHUR M**
STREET ADDRESS **315 S.E. 7TH STREET, FIRST FLOOR**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **888 South Andrews Ave Ste 201A**
CITY-ST-ZIP **Ft Lauderdale FL 33316**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **888 South Andrews Ave Ste 201A**
CITY-ST-ZIP **Ft Lauderdale FL 33316**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **888 South Andrews Ave Ste 201A**
CITY-ST-ZIP **FTL FL 33316**

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

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

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

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

Jerome Schechter Mgr 954 247600

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

Date

Daytime Phone #

CR2E083 (1/01/03)