

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009161

1. Entity Name  
MATANZAS SHORES, L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 SEP 26 AM 11:02

Principal Place of Business  
646 OSPREY POINT CIRCLE  
BOCA RATON FL 33431

Mailing Address  
646 OSPREY POINT CIRCLE  
BOCA RATON FL 33431

2. Principal Place of Business

3. Mailing Address

200 BROADWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

303

City & State

City & State

LYNNFIELDS MA

Zip

Country

Zip

01940

Country

4. FEI Number

593626184

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

7. Name and Address of New Registered Agent

CHIUMENTO, MICHAEL D ESQ.  
4 OLD KINGS ROAD NORTH  
PALM COAST FL 32137

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 reinstalling)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
KAAN, VALERIE  
646 OSPREY POINT CIRCLE  
BOCA RATON FL 33431

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
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200003408822-7  
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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:

Valerie K. Koon

9/25/00

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

Date

Daytime Phone #

CR2E083 (5/00)