

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000001532

FILED

1. Entity Name
PHOENIX-DELAWARE, LLC

01 JUL -2 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C/O JOSH BENNETT, ESQ.
511 N.E. THIRD AVENUE, 2ND FLOOR
FORT LAUDERDALE FL 33301

Mailing Address
C/O JOSH BENNETT, ESQ.
511 N.E. THIRD AVENUE, 2ND FLOOR
FORT LAUDERDALE FL 33301



2. Principal Place of Business
5230 N. 31st place

3. Mailing Address
5230 N. 31st place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Hollywood, FL

City & State
Hollywood, FL

4. FEI Number
651035421

Applied For
Not Applicable

Zip
33021

Country
Broward

Zip
33021

Country
Broward

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

~~BENNETT, JOSH~~
~~511 NE THIRD AVE., 2ND FLOOR~~
~~FORT LAUDERDALE FL 33301~~

Name
Shulamit Rogatinsky
Street Address (P.O. Box Number is Not Acceptable)
5230 N. 31st place

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]* 6/28/01
Signature, typed or printed name of registered agent (do not file 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 MGR
STREET ADDRESS ROGATINSKY, SHULAMIT
CITY-ST-ZIP 6230 N. 31ST STREET PLACE
HOLLYWOOD FL 33021 ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS 900004475689-9
CITY-ST-ZIP -07/13/01--01112--022
*****50.00 *****50.00

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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]* 6/28/01 (954) 961-2310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0011588 AF

CR2E083 (11/00)