

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90087 018 \*\*\*\*50.00

**DOCUMENT # M01000001175**

1. Entity Name

**SHOPPES OF LAKE WORTH, LLC**

Principal Place of Business

**12539 ACME DAIRY ROAD  
BOYNTON BEACH FL 33437**

Mailing Address

**12539 ACME DAIRY ROAD  
BOYNTON BEACH FL 33437**

2. Principal Place of Business

**6651-6689 Lake Worth Rd.**

3. Mailing Address

**5801 N. Congress Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite #202**

City & State

**Lake Worth, FL**

City & State

**Boca Raton, FL**

4. FEI Number

**65-1101188**

Applied For

Not Applicable

Zip

**33467**

Country

**USA**

Zip

**33487**

Country

**USA**

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MOMBACH, GEOFFREY S ESO  
500 E. BROWARD BLVD.  
SUITE 1950  
FT. LAUDERDALE FL 33394**

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  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
BILOWIT, FRED** ☐ Delete  
**12539 ACME DAIRY ROAD  
BOYNTON BEACH FL 33437**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ 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 RECEIVED**

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

**1/27/02**

**561-498-5600**

Date

Daytime Phone #

CR2E083 (9/01)