

FILED

Apr 07, 2002 8:00 am  
Secretary of State

02-28-2002 90041 050 \*\*\*\*50.00

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M01000002899

1. Entity Name

FORT PIERCE EXECUTIVE PLAZA, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2011 S. 25th Street

Suite, Apt. #, etc.

3. Mailing Address

5801 N. Congress Ave.

Suite, Apt. #, etc.

Suite #202

City &amp; State

Ft. Pierce, FL

City &amp; State

Boca Raton, FL

4. FEI Number

65-1144389

Applied For

Not Applicable

Zip

34947-4753

Country

USA

Zip

33487

Country

USA

5. Certificate of Status Desired ☐\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

MOMBACH, GEOFFREY S. ESQ.

Street Address (P.O. Box Number is Not Acceptable)

500 EAST BROWARD BLVD., SUITE 1950

City

FORT LAUDERDALE

FL

Zip Code  
33394**DO NOT WRITE  
IN THIS SPACE**

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.

DATE

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	Steve Wolf
NAME	Steve Wolf
STREET ADDRESS	5801 N. Congress Avenue
CITY-ST-ZIP	Boca Raton, FL 33487

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	Fred Bilowit
NAME	Fred Bilowit
STREET ADDRESS	5801 N. Congress Avenue
CITY-ST-ZIP	Boca Raton, FL 33487

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	Israel Szmiga
NAME	Israel Szmiga
STREET ADDRESS	5801 N. Congress Avenue
CITY-ST-ZIP	Boca Raton, FL 33487

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

Fred Bilowit

2/14/02

561-498-5600

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

Date

Daytime Phone #

CR2E0838 (12/01)