

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001430

1. Entity Name

AMERICAN (FL) COMMERCIAL CAPITAL LLC

Principal Place of Business

5963 LAPLACE, SUITE 300  
CARLSBAD CA 92008

Mailing Address

5963 LAPLACE, SUITE 300  
CARLSBAD CA 92008

2. Principal Place of Business

5963 La Place Ct.

Suite, Apt. #, etc.

Suite 300

City & State

Carlsbad, CA

Zip

92008

Country

USA

3. Mailing Address

5963 La Place Ct.

Suite, Apt. #, etc.

Suite 300

City & State

Carlsbad, CA

Zip

92008

Country

USA

4. FEI Number

74-2875584

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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**

9. MANAGING MEMBERS/MEMBERS

TITLE MGR  
NAME BANU, ADOLF JOHN  
STREET ADDRESS 277 PARK AVENUE  
CITY- ST- ZIP NEW YORK NY 10172 ☐ Delete

TITLE MGR  
NAME GOLDMAN, GLENN SCOTT  
STREET ADDRESS 277 PARK AVENUE  
CITY- ST- ZIP NEW YORK NY 10172 ☐ Delete

TITLE MGR  
NAME MANNES, SCOTT MICHAEL  
STREET ADDRESS 277 PARK AVENUE  
CITY- ST- ZIP NEW YORK NY 10172 ☐ Delete

TITLE MGR  
NAME VALENTINO, MICHAEL PAUL  
STREET ADDRESS 277 PARK AVENUE  
CITY- ST- ZIP NEW YORK NY 10172 ☐ Delete

TITLE MGR  
NAME FURSTEIN, MARC  
STREET ADDRESS 5963 LAPLACE COURT  
CITY- ST- ZIP CARLSBAD CA ☐ Delete

TITLE MGR  
NAME SHREWBERRY, JOHN  
STREET ADDRESS 5963 LAPLACE COURT  
CITY- ST- ZIP CARLSBAD CA ☐ Delete

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP PLEASE SEE ATTACHED EXHIBIT A

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP 600003113396-4  
-01/27/00-01101-009

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP \*\*\*\*\*50.00 ☒ Change ☐ Addition

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:

*John Shreberry*  
Managing Director

1-20-00 760-918-2700

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

Date

Daytime Phone #