

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001400

1. Entity Name  
SOUTH FLORIDA BEACH PROPERTIES, LLC

APPROVED  
AND  
FILED

00 MAY -6 PM 3:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0018101  
N

Principal Place of Business  
4996 PLACE DE LA SAVANE, STE 101  
MONTREAL  
QUEBEC H4P 1Z6 CANADA

Mailing Address  
4996 PLACE DE LA SAVANE, STE 101  
MONTREAL  
QUEBEC H4P 1Z6 CANADA

2. Principal Place of Business  
2051 SE 3 rd Street  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Deerfield Beach, Florida

City & State

Zip 33441 Country USA

Zip Country

4. FEI Number 650966281  
APPLIED FOR

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  
STANKEE, GLEN-A  
200 E. BROWARD BLVD., STE 1500  
FORT LAUDERDALE FL 33301

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY - ST - ZIP	MGRM ARNOVITZ, NEIL 4996 PLACE DE LA SAVANE, STE 101 MONTREAL QUEBEC	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Non Member Manager Arnovitz, Neil 4996 Place de la Savane, # 101 Montreal, Quebec H4P 1Z6	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Neil Arnovitz* REQUIRED

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

Date: April 25, 2000 (514) 340-1400 Daytime Phone #

CR:EN13 (9/99)