

# 2001 UNIFORM BUSINESS REPORT (UBR)

0032984 IN

DOCUMENT # M99000001400

1. Entity Name  
SOUTH FLORIDA BEACH PROPERTIES, LLC

FILED

01 FEB -6 AM 8:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

2051 SE 3RD STREET  
DEERFIELD BEACH FL 33441

Mailing Address

4996 PLACE DE LA SAVANE, STE 101  
MONTREAL  
QUEBEC HEP 126 CANADA



2. Principal Place of Business

3. Mailing Address

2051 SE 3RD STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DEERFIELD BEACH, FLA

Zip

Country

Zip

33441

Country

4. FEI Number

65-0966281

Applied For

Not Applicable

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

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

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

10.

ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ARNOVITZ, NEIL  
4996 PLACE DE LA SAVANE, STE 101  
MONTREAL QUEBEC ☐ Delete

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

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

Date

Daytime Phone #

JAN 23, 2001 (514) 340-1400

CR2E083 (11/00)