

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001934

1. Entity Name

NORMANDY TOWNHOMES, LLC

FILED

01 APR 16 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2410 N.W. 49TH LANE
BOCA RATON FL 33431

Mailing Address

2410 N.W. 49TH LANE
BOCA RATON FL 33431

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

74-2930161

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

CAHAN, RICHARD J ESQUIRE
% BECKER & POLIAKOFF, P.A.
5201 BLUE LAGOON DRIVE, SUITE 100
MIAMI FL 33196

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

000004065220--8
-04/24/01--01109--026
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

TITLE NAME MGR
STREET ADDRESS GRASSANO TOWNHOMES, INC.
CITY-ST-ZIP 2410 N.W. 49TH LANE
BOCA RATON FL 33431 ☐ Delete

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

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

Date

Daytime Phone #

2/08/01 561-998-3569

CR2E083 (11/00)