

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR -6 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Signature]*



DO NOT WRITE IN THIS SPACE

DOCUMENT # Z00411

1. Entity Name

JUDITH SELZ #2, L.C.

Principal Place of Business

717 LAYNE BLVD.  
HALLANDALE FL 33009

Mailing Address

717 LAYNE BLVD.  
HALLANDALE FL 33009-6527

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0278396

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SELZ, JUDITH  
717 LAYNE BLVD.  
HALLANDALE FL 33009

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 ☐ Delete  
NAME ~~MEM~~  
STREET ADDRESS SELZ, JUDITH  
CITY-ST-ZIP 717 LAYNE BLVD.  
HALLANDALE FL 33009

TITLE ☒ Change ☐ Addition  
NAME MGRM  
STREET ADDRESS 300003217913--4  
CITY-ST-ZIP -04/21/00--01010--023  
\*\*\*\*\*50.00 \*\*\*\*\*50.00  
☐ Change ☐ Addition

TITLE ☐ Delete  
NAME MEM  
STREET ADDRESS SELZ, KAREN  
CITY-ST-ZIP 486 SUNSET DRIVE  
ASHEVILLE NC 28804

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

TITLE ☐ Delete  
NAME MEM  
STREET ADDRESS SELZ, STEVEN  
CITY-ST-ZIP 6405 WINDING LAKE DR.  
JUPITER FL 33458

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 214 BRAZILIAN AVENUE, SUITE 210  
CITY-ST-ZIP PALM BEACH, FL. 33480

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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

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

Date

Daytime Phone #

*[Signature]* JUDITH SELZ, MGRM, 4/3/00 (954) 454-5568

CR2E083 (9/99)