

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # Z00644

1. Entity Name
THE FRABER COMPANY, L.C.

APPROVED
AND
FILED

00 MAY -6 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2601 SOUTH BAYSHORE DR.
SUITE 1102
MIAMI FL 33133

Mailing Address

2601 SOUTH BAYSHORE DR.
SUITE 1102
MIAMI FL 33133-5417



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2601 SOUTH BAYSHORE DR.

3. Mailing Address

2601 SOUTH BAYSHORE DRIVE

Suite, Apt. #, etc.

PENTHOUSE - 1A

Suite, Apt. #, etc.

PENTHOUSE - 1A

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33133

Country

Zip

33133

Country

4. FEI Number

65-0360986

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEPHEN FRANK ASSOCIATES, INC.

2601 SOUTH BAYSHORE DR.
SUITE 1102
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2601 SOUTH BAYSHORE DRIVE

PENTHOUSE - 1A

City

MIAMI

FL

Zip Code

33133

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
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
FRANK, STEPHEN
2601 S. BAYSHORE DR#1102
MIAMI FL 33133

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
BERGER, MATTHEW
1500 PALISADES AVE.
FORT LEE NJ 07024

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2601 SOUTH BAYSHORE DRIVE, PH-1A

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP

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☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE REQUIRED Member

4-18-2000

305-854-5500

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

Date

Daytime Phone #

0003108 AF

CR2E083 (9/99)