

2001 UNIFORM BUSINESS REPORT (UBR)

0013177 AF

DOCUMENT # **L00000002012**

1. Entity Name
TELEFORCE, L.L.C.

FILED

2001 MAY 10 AM 10:51

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**3330 N. UNIVERSITY DRIVE
SUNRISE FL 33351**

Mailing Address
**3330 N. UNIVERSITY DRIVE
SUNRISE FL 33351**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **605-0988331**

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

**LEDERMAN RUB, MARTA
4000 HOLLYWOOD BLVD., SUITE 755 SOUTH
HOLLYWOOD FL 33021**

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

800004418838--3
-06/14/01--01006--017
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		Managing Member Chris Eisdorfer 4000 Hollywood Blvd #755 South Hollywood FL 33021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		Managing Member Sandra Paganon 4000 Hollywood Blvd #755 South Hollywood FL 33021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		Manager Marta Lederman Rub 4000 Hollywood Blvd #755 South Hollywood FL 33021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		Managing Member Jeffrey Dowling 3330 N University Dr Sunrise FL 33351	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<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: *[Signature]* **1-5-2001** **954-963-1994**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)