## **2001 UNIFORM BUSINESS REPORT (UBR)**

TITLE MAME STREET ADDRESS OTTY-ST-ZIP TITLE MAME STREET ADDRESS OTTY-ST-ZIP TITLE MAME STREET ADDRESS OTTY-ST-ZIP MAME MAME MAME MAME STREET ADDRESS OTTY-ST-ZIP MAME MAME MAME MAME STREET ADDRESS OTTY-ST-ZIP MAME MAME MAME MAME MAME STREET ADDRESS OTTY-ST-ZIP MAME MAME MAME MAME MAME MAME MAME MAM					<del></del>		*			
Principal Place of Business  Making Address  888 SOUTHEAST THRD AVENUE SUITE 400  FORT LAUDERNALE FLASHS  COY & State  City & St		1 1 41 24 11		niv	SECRETAR	"ED Y OF ST	ATC.			
Principies Pace of Business  Mailing Address  888 SOUTHEAST THRO AVENUE SUITE 400 FORT LAUGEBALE F1 2016  889 SOUTHEAST THRO AVENUE SUITE 400 FORT LAUGEBALE F1 2016  Suite Apt. 4, etc.  DO NOT WHITE IN THIS SPACE  City 4, State  City 4, State  City 4, State  City 4, State  City 5, State  City 5, State  City 6, State  City 8, State  City 6, State  Ci	OPTIMUM 2000, L.L.C.					CLASSION OF CORPORATIONS /				
88 SOUTHEAST THIPD AVENUE SUITE 400 FORT LAUDEPOALE FL 33316  2. Principal Place of Business  3. Mailing Address  Suite, Apt. 4, etc.  City & State  City &	Principal Pla	ce of Rusiness	Mailing Addroop			UI	MAR 27	PH 4:	23	
FORT LAUDERPOALE FL 33316  2. Principal Prace of Business  3. Mailing Address Suite. Apt. 4. etc.  City & State City & Sta	,		-	VENUE SUITE AOO						
Suite, Apt. 4, etc.    Suite, Apt. 4, etc.   DO NOT WRITE IN THIS SPACE						l ianning: Dit duite katte kurt		CIII TITAI IBIII	B 14881 GHE 1861	
City & State  City & State  City & State  Country  Country  S. Certificate of Status Desired  Sales August	2. Principal	Place of Business	3. Mailing Address							
City & State  Ci	Suite, Apt. #, etc. Suite Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
Country   Zip   Country   Zip   Country   S. Certificate of State Desired   \$5.00 Additional Few Regulated   See Regulated				<b></b>						
S. Certificate of Status Desired   Foe Required   S. Certificate of Status Desired   Name   Street Address of Not Acceptable   Street Address (P.O. Box Number's Not Acceptable   S. Certificate of Status Desired Agent   S. Certificate of Status Desired   Street Address (P.O. Box Number's Not Acceptable   Street Address (P.O. Box Number is Not Acceptable   Stree	City & State						)	<u> </u>		
Name   Street Address (PO, Box Number is Not Acceptable)	Zip	Country	Zip	Country	5. Cert	ificate of Status Desired				
888 SOUTHEAST THIRD AVENUE SUITE #400 FORT LAUDERDALE FL 33316  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 primed formed of registered layer land life if supdicible.  POTE Registered Agent separate required agent, or both, in the State of Florida.  FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State  9. MANAGING MEMBERS/MEMBERS MANAGING MEMBERS/MEMBERS MANAGING MEMBERS/MEMBERS MANAGING MEMBERS/MEMBERS MANAGING MEMBERS/MEMBERS  TITLE STEE - THERESE QC CANADA TIES RY  OTY-ST-ZP  STEE - THERESE QC CANADA TIES RY  OTY-ST-ZP  TITLE MANE STEET ADDRESS OTY-ST-ZP  TITLE Delete  TITLE MANE STEET ADDRESS OTY-ST-ZP  TITLE Delete TITLE MANE STEET ADDRESS OTY-ST-ZP  TITLE Delete TITLE MANE STEET ADDRESS OTY-ST-ZP  TITLE Delete TITLE MANE STEET ADDRESS OTY-ST-ZP  TITLE Delete	-	6. Name and Address of Current	Registered Agent	Name	7. Nam	e and Address of New	Registered A	jent	-	
City   FL   Zip Code    8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida    SIGNATURE   Separative, proded or private name of inspitated agent and this it applications   (NOTE, Registered Agent agentum recursor when anything)   DATE      PILE NOW!!! FEE IS \$50.00		•	Street Ad	Street Address (P.O. Box Number is Not Acceptable)						
City FL Zip Code  8. The above named onthy submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  SIG			400							
8. The above named onlify submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE	roni D	NUDERDALE FL 333 10		City			FL	Zip Cod	e	
Change   Addition   Change   Change   Change   Addition   Change   Change   Change   Addition   Change   Chan	8. The above	e named entity submits this statement fo	r the purpose of changing its re	egistered office or	registered agent,	or both, in the State of F		<u> </u>		
Change   Addition   Change   Change   Change   Addition   Change   Change   Change   Addition   Change   Chan	0.00.07.005									
Make Check Payable to Department of State    Make Check Payable to Department of State	SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	Registered Agent signatur	e required when reinstat	ng)	DATE			
B. MANAGING MEMBERS/MEMBERS  ITILE  MARK BEP  A C AV SE AV DE C O T E  MANE  STRET ADDRESS  STE - THERESE QC CANADA 37E 5 RV  ITILE  MANE  STRET ADDRESS  CITY-ST-ZP  TITLE  MANE  STRET ADDRESS  CITY-ST-ZP  TITLE  MANE  STRET ADDRESS  CITY-ST-ZP  MANE  STRET ADDRESS  CITY-ST-ZP  TITLE  MANE  STRET ADDRESS  CITY-ST-ZP  Change  Addition  Addition  ADDITIONAL CHANGES  CITY-ST-ZP  Change  Addition  Addition  TITLE  MANE  STRET ADDRESS  CITY-ST-ZP  Change  Addition  TITLE  MANE  STRET ADDRESS  CITY-ST-ZP  Change  Addition  ADDRESS  CITY-ST-ZP  Change  Addition  TITLE  MANE  STRET ADDRESS  CITY-ST-ZP  Change  Change  Addition  TITLE  MANE  STRET ADDRESS  CITY-ST-ZP  Change  Change			1	-						
TITLE   MARK SEP   C CAN AD A STREET ADDRESS   CITY-ST-ZIP   Change   Addition   Additio			Make Check Pays	able to Departn	nent of State					
MAME SIREET ADDRESS STE - THERESE QC CANADA STESRY  ITTLE MAME SIREET ADDRESS STET - THERESE QC CANADA STESRY  ITTLE MAME SIREET ADDRESS SIRET				10.		ADDITIONS				
STREET ADDRESS OUTY-ST-ZP STE-THERESE DC CANADA STESRY OTTER MAME STREET ADDRESS OUTY-ST-ZP M		TREALER ANDRE CO	) 十尼	<b>1</b>		/	Ì	☐ Change	Addition	
TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP		95 BOUL LIABELLE	C.P. 98011	<b>I</b> 1	·					
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRES		STE-THERESE WC			•					
TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  Delete  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP			∟ Delete			~~~~	) کون بھارت د	Unange	Addition	
TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  Delete  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP				ı		-04/(I 14/1	14/n10	1077	-003	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  TITLE MAME STREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP	CITY-ST-ZIP		was war in search	CITY-ST-ZIP	, <u>28</u>	****	<b>*</b> 50.00	****	50.00	
STREET ADDRESS CITY-ST-ZIP    Delete	TITLE		☐ Delete	TITLE			. [	Change	☐ Addition	
CITY-ST-ZIP  ITTLE  VAME  VAME  STREET ADDRESS  CITY-ST-ZIP  ITTLE  VAME  VAME  VAME  STREET ADDRESS  CITY-ST-ZIP  ITTLE  VAME  VAME				<b>.</b>						
ITILE  NAME STREET ADDRESS CITY-ST-ZIP  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition										
NAME STREET ADDRESS CITY-ST-ZIP  TITLE VAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Change Addition STREET ADDRESS CITY-ST-ZIP  Change Addition STREET ADDRESS CITY-ST-ZIP  Change Addition STREET ADDRESS CITY-ST-ZIP  Change Cha	<del></del>		☐ Coloto				1		Addition	
CITY-ST-ZIP  CHange Addition  Addition  Addition  Addition  Change Addition  Addition  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  Change Change  Change  Change  Change Change  Change Change  Change Change  Change Change  Change Change  C			□ Ocicie .				i,	- C. Killigo		
TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  1. 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 eport as required by Chapter 608, Florida Statutes.  SIGNATURE:	a i			STREET ADDRESS						
NAME STREET ADDRESS CITY-ST-ZIP  TITLE AME STREET ADDRESS CITY-ST-ZIP  Delete  TITLE AME STREET ADDRESS CITY-ST-ZIP  TITLE AME STREET ADDRESS CITY-ST-ZIP  1. 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 eport as required by Chapter 608, Florida Statutes.  SIGNATURE:				CITY-ST-ZIP				•		
STREET ADDRESS CITY-ST-ZIP  TITLE  JAME  J			☐ Delete				[	Change	Addition	
CITY-ST-ZIP  CITY-ST-ZIP  TITLE  IAME  IAM										
NAME STREET ADDRESS SITY-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 eport as required by Chapter 608, Florida Statutes.  SIGNATURE:										
NAME STREET ADDRESS SITY-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 eport as required by Chapter 608, Florida Statutes.  SIGNATURE:	TITLE		☐ Delete	TITLE	•		1	Change	☐ Addition	
CITY-ST-ZIP  I. 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 eport as required by Chapter 608, Florida Statutes.  SIGNATURE:				NAME			•	<u> </u>		
1. 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 eport as required by Chapter 608, Florida Statutes.  SIGNATURE:			·				4			
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date  Date  Devime Proper	indicated	on this report is true and accurate and t	that my signature shall have the	ne exemption state	as if made under	roath: that Lam a mana	. I further certify aging member	y that the in or manager	nformation r of the	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Deviting Phone #	SIGNAT	TIDE.	111/1/1	*						
	SIGNAL	SIGNATURE AND TYPED OR PRINTED NAME OF	SIGNING MANAGING MEMBER, MANAG	GER, OR AUTHORIZED F	EPRESENTATIVE	Date	Dayt	ime Phone #		