

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005085

1. Entity Name

PHAROS GROUP, L.L.C.

FILED

01 JUL -2 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2201 NW 30TH PLACE, SUITE A POMPANO BEACH FL 33069	Mailing Address 2201 NW 30TH PLACE, SUITE A POMPANO BEACH FL 33069
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-1005595	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

KORNBERG, JOEL MD, JD
7301-A WEST PALMETTO PARK ROAD, SUITE 305C
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

<p>FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By September 26, 2001</p>	<p>200004476952--7 -07/16/01--01044--014 *****50.00 *****50.00</p>
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9. MANAGING MEMBERS/MANAGERS

TITLE	MGR <input type="checkbox"/> Delete
NAME	BENARROCHE, CESAR L
STREET ADDRESS	7301-A W. PALMETTO PARK ROAD, SUITE 106C
CITY-ST-ZIP	BOCA RATON FL 33433
TITLE	MGR <input type="checkbox"/> Delete
NAME	LOPEZ-IVERN, FERNANDO
STREET ADDRESS	9960 CENTRAL PARK BOULEVARD S, SUITE 102
CITY-ST-ZIP	BOCA RATON FL 33428
TITLE	MGR <input type="checkbox"/> Delete
NAME	ROTHSTEIN, LAUREN
STREET ADDRESS	7301-A W. PALMETTO PARK ROAD, SUITE 106C
CITY-ST-ZIP	BOCA RATON FL 33433
TITLE	MGR <input type="checkbox"/> Delete
NAME	CPA.COM, INC.
STREET ADDRESS	2201 NW 30TH PLACE, SUITE A
CITY-ST-ZIP	POMPANO BEACH FL 33069
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **SIGNATURE REQUIRED** CPA.COM, INC. 6/27/01

STAPLE CHECK HERE

CR2E083 (5/01)