

# 2001 UNIFORM BUSINESS REPORT (UBR)

0011335 AF

**DOCUMENT # L00000005188**

1. Entity Name  
**A NATIONAL SALUTE TO THE U.S. MILITARY, LLC**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAR -9 PH 3:55

|   |   |
|---|---|
| Principal Place of Business<br>1012 EAST BROWARD BLVD<br>FT LAUDERDALE FL 33301 | Mailing Address<br>1012 EAST BROWARD BLVD<br>FT LAUDERDALE FL 33301 |
|---|---|



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |                                  |  |  |  |
|--------------------------------|---------|---------------------|---------|----------------------------------|--|--|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number                    |  | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         | 5. Certificate of Status Desired |  | <input type="checkbox"/> \$5.00 Additional Fee Required                                    |  |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired |  | <input type="checkbox"/> \$5.00 Additional Fee Required                                    |  |
| Zip                            | Country | Zip                 | Country |                                  |  |  |  |

|   |  |  |  |   |  |    |  |
|---|--|--|--|---|--|----|--|
| 6. Name and Address of Current Registered Agent                     |  |  |  | 7. Name and Address of New Registered Agent                                 |  |    |  |
| MARKOFF, MICKEY<br>1012 EAST BROWARD BLVD<br>FT LAUDERDALE FL 33301 |  |  |  | Name: Michael Kotler  |  |    |  |
|   |  |  |  | Street Address (P.O. Box Number is Not Acceptable)<br>54 SW Boca Raton Blvd |  |    |  |
|   |  |  |  | City Boca Raton   |  | FL |  |

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: *Michael Kotler* DATE: 2/23/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

| 9. MANAGING MEMBERS/MEMBERS                    |   |                                 | 10. ADDITIONS/CHANGES                          |   |   |
|--|---|---------------------------------|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>MARKOFF, MICKEY<br>1012 E. BROWARD BOULEVARD<br>FORT LAUDERDALE FL 33301 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 900003851159--9<br>-03/13/01--01101--022<br>*****50.00 *****50.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <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: *Mickey Markoff* DATE: 2/23/01 DAYTIME PHONE #: 954-467-3555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)