

2000 UNIFORM BUSINESS REPORT (UBR)

0301881 AF

DOCUMENT # L94000000059

1. Entity Name
DAVID MAYER, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB -9 AM 11:42

Principal Place of Business
2002 GRANT ST.
HOLLYWOOD FL 33020

Mailing Address
125 N. 46TH AVENUE
HOLLYWOOD FL 33021-6601



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1934035**

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

GOTTLIEB, BRUCE M
125 N. 46TH AVENUE
HOLLYWOOD FL 33021-6601

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 _____

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE **MGR** Delete
NAME **ZIEFER, MAYER**
STREET ADDRESS **2002 GRANT ST.**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **MGR** Change Addition
NAME **GOTTLIEB, KENNETH**
STREET ADDRESS **125 N. 46 Avenue**
CITY-ST-ZIP **Hollywood, FL 33021**

TITLE **MGR** Delete
NAME **GOTTLIEB, BRUCE M**
STREET ADDRESS **125 N. 46TH AVENUE**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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: *Bruce M. Gottlieb* **BRUCE M. GOTTLIEB** 2/7/2000 954 966 7900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)