

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # L97000000115**

1. Entity Name  
**WALTER STAUDINGER ARTS, LLC**

**FILED**  
**Feb 24 2000 8:00 am**  
**Secretary of State**

Principal Place of Business      Mailing Address  
**30 LAGORCE CIRCLE**      **30 LAGORCE CIRCLE**  
**MIAMI BEACH FL 33141**      **MIAMI BEACH FL 33141-4520**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0823875</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
Zip	Country	Zip	Country				

6... Name and Address of Current Registered Agent      7- Name and Address of New Registered Agent

**STAUDINGER, WALTER**  
**30 LAGORCE CIRCLE**  
**MIAMI BEACH FL 33141**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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	<b>MGRM</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>STAUDINGER, WALTER</b>			NAME			
STREET ADDRESS	<b>30 LAGORCE CIRCLE</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI BEACH FL 33141</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

*Mf 3/16/00*

**600003161276--9**

~~03/07/00 01099-022~~  Change  Addition  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

*2-17-00*

CR2E083 (9/99)