

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

000415
JY

DOCUMENT # L98000000062

1. Entity Name
UNI-MED CONSULTING SERVICES, LLC

00 MAY -1 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 17021 NORTH BAY ROAD, SUITE 408, NORTH MIAMI BEACH FL 33130
Mailing Address: 17021 NORTH BAY ROAD, SUITE 408, NORTH MIAMI BEACH FL 33160-3621



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.; City & State; Zip; Country
3. Mailing Address: Suite, Apt. #, etc.; City & State; Zip; Country

4. FEI Number: 65-0818030
Applied For: Not Applicable

5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
BROWN, JAMES W
17021 NORTH BAY ROAD, SUITE 408
NORTH MIAMI BEACH FL 33130

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: _____ 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR BROWN, JAMES W 17021 N. BAY RD. N. MIAMI BEACH FL 33160 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR BROWN, REBEKKAH B 17021 N. BAY RD. N. MIAMI BEACH FL 33160 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR BROWN, DAVID J 152 MARGARET AVENUE NUTLEY NJ 07110 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300003256793--2 -05/18/00-01019-016 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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: James W Brown **SIGNATURE REQUIRED** BROWN 4/27/00 305-944-3477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)