

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001648

1. Entity Name
PDAMART, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -1 PM 4: 17

Principal Place of Business Mailing Address
430 S. CONGRESS AVE., #1B 430 S. CONGRESS AVE., #1B
DELRAY BEACH FL 33445 DELRAY BEACH FL 33445-4619



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0861631		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
SLOANE, A. RICHARD 430 SOUTH CONGRESS AVE., #1B DELRAY BEACH FL 33445				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	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME	SLOANE, A. RICHARD			NAME			
STREET ADDRESS	430 S. CONGRESS AVE., #1B			STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH FL 33445			CITY-ST-ZIP			
				200003123102			
				-02/03/00--01099--001			
				*****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: *By: [Signature]* **SIGNATURE REQUIRED** 561-278-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #