

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUL 27 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L98000002394**

1. Entity Name
DYLAN JOSEPH. L.C.

Principal Place of Business: **279 FAIRHAVEN BLVD. WOODBURY, NY 11797**
Mailing Address: **SAME**

2. Principal Place of Business
3. Mailing Address

Suite, Apt. #, etc.
City & State

City & State

Zip Country Zip Country

4. FEI Number: **65-0876316**
Applied For: Additional Fee Required: **\$5.00**

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SONDRA CAMCHE (MGR)
1986-18
PLANTERS BLVD
BOCA RATON FLA.

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: *Sondra Camche* DATE: **7/24/00**
(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: **GENERAL PARTNER MGRM** Delete
NAME: **ROBERT CAMCHE (MGRM)**
STREET ADDRESS: **279 FAIRHAVEN BLVD.**
CITY-ST-ZIP: **WOODBURY NY 11797**

TITLE: _____ Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: **LIMITED LIABILITY PARTNER** Delete
NAME: **SONDRA CAMCHE (MGR)**
STREET ADDRESS: **1986-18 PLANTERS BLVD**
CITY-ST-ZIP: **BOCA RATON, FLA.**

TITLE: _____ Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

800003343078--8
-08/02/00--01004--026
*******50.00 *****50.00**

TITLE: _____ Delete
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____ Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____ Delete
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____ Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____ Delete
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____ Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____ Delete
NAME: _____
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: *[Signature]* DATE: **4/30/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #