

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000002579**

1. Entity Name
S.R. 84 GROUP, LLC

FILED

01 FEB 15 PM 4:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1314 E. LAS OLAS BLVD. #1098 FORT LAUDERDALE FL 33301	Mailing Address 1314 E. LAS OLAS BLVD. #1098 FORT LAUDERDALE FL 33301
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number 65-0870171	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, BRYAN
1314 E. LAS OLAS BLVD. #1098
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name **DAVID R. LAWRENCE**
Street Address (P.O. Box Number is Not Acceptable)
4901 NW 17th WAY STE 406
City **FT LAUDERDALE** FL Zip Code **33309**

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 *David R. Lawrence* **DAVID R. LAWRENCE** 1-31-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

600003708716--4
-02/19/01--01007--027
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	COHEN, BRYAN	1314 E. LAS OLAS BLVD. #1098	FORT LAUDERDALE FL 33301	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 *Bryan Cohen* **BRYAN D. COHEN** *Managing Member 2/1/01* 954 763 5208
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #

CR2E083 (11/00)