

# 2000 UNIFORM BUSINESS REPORT (UBR)

0017724 SP

DOCUMENT # **L99000000113**

Entity Name  
**BUSSEL ASSET MANAGEMENT L.L.C.**

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**00 SEP -5 AM 10:02**



DO NOT WRITE IN THIS SPACE

Principal Place of Business ISLAND AVENUE, APARTMENT 501 BEACH FL 33139		Mailing Address NINE ISLAND AVENUE, APARTMENT 501 MIAMI BEACH FL 33139	
Principal Place of Business		3. Mailing Address	
Suite; Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	<input checked="" type="checkbox"/> 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 <b>KUBIT, DONALD E ESQ.</b> <b>100 S.E. 2ND STREET, 17TH FLOOR</b> <b>MIAMI FL 33131</b>		7. Name and Address of New Registered Agent Name <b>Bussel, John M.</b> Street Address (P.O. Box Number is Not Acceptable) <b>9 Island Avenue #501</b> City <b>Miami Beach</b> <b>FL</b> Zip Code <b>33139</b>	
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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: *John Bussel* DATE: **9/1/2000**  
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**

MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
<p>ADDRESS ST ZIP</p> <p>MGR BUSSEL, JOHN NINE ISLAND AVENUE, APARTMENT 501 MIAMI BEACH FL 33139</p> <p><input type="checkbox"/> Delete</p>	<p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p><del>000003390970</del></p>	
<p>ADDRESS ST ZIP</p> <p><input type="checkbox"/> Delete</p>	<p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p>ADDRESS ST ZIP</p> <p><input type="checkbox"/> Delete</p>	<p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>000003390970--6 -09/13/00--01014--020 *****50.00 *****50.00</p>	
<p>ADDRESS ST ZIP</p> <p><input type="checkbox"/> Delete</p>	<p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
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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: *John Bussel* John Bussel . x9/1/2000 3056722332  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR26083 (9/99)