

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

00 JAN 25 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000000903

1. Entity Name
BROWARD INLINE HOCKEY CENTER, LLC

Principal Place of Business
1402 EAST LAS OLAS BLVD., SUITE 1098
FORT LAUDERDALE FL 33301

Mailing Address
1402 EAST LAS OLAS BLVD., SUITE 1098
FORT LAUDERDALE FL 33301-2336



2. Principal Place of Business
1314 EAST LAS OLAS BLVD #1098
Suite, Apt. #, etc.
FORT LAUDERDALE, FLA
City & State

3. Mailing Address
1314 EAST LAS OLAS BLVD #1098
Suite, Apt. #, etc.
FORT LAUDERDALE, FLA
City & State

DO NOT WRITE IN THIS SPACE

Zip *33301* Country
Zip *33301* Country

4. FEI Number
65-0889670
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COHEN, BRYAN
1402 EAST LAS OLAS BLVD., SUITE 1098
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name
BRYAN D COHEN
Street Address (P.O. Box Number is Not Acceptable)
1314 E. LAS OLAS BLVD SUITE 1098
City
FORT LAUDERDALE, FLA FL Zip Code
33301

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 *[Signature]* m/m *BRYAN D. COHEN* MANAGING MEMBER *1/21/00*
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

9. MANAGING MEMBERS/MEMBERS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|--------------|--------------------------------------|--------------------------|---------------------------------|
| MGR | COHEN, BRYAN | 1402 EAST LAS OLAS BLVD., SUITE 1098 | FORT LAUDERDALE FL 33301 | <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 checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-----------------|---------------|------------------------------------|---------------------------|--|-----------------------------------|
| MANAGING MEMBER | BRYAN D COHEN | 1314 EAST LAS OLAS BLVD SUITE 1098 | FORT LAUDERDALE FLA 33301 | <input checked="" 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: *[Signature]* **REQUIRES** *BRYAN D. COHEN* MANAGING MEMBER *1-21*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date *1-21-00* Dying Phone # *954-768-5208*