

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000000903**

1. Entity Name  
**BROWARD INLINE HOCKEY CENTER, LLC**

**FILED**

01 FEB 15 PM 4:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>1314 E. LAS OLAS BLVD., #1098 FORT LAUDERDALE FL 33301</b>	Mailing Address <b>1314 E. LAS OLAS BLVD., #1098 FORT LAUDERDALE FL 33301</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>65-0889670</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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** DATE **1-31-01**

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**

**500003708705--8**  
**-02/19/01--01007--026**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

9. MANAGING MEMBERS / MEMBERS

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

10. ADDITIONS / CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Bryan D. Cohen* **BRYAN D. COHEN / MANAGING MEMBER** DATE **2/1/01** DAYTIME PHONE # **954-763-5208**

SIGNATURE AND TYPE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)