

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 22 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000003887

1. Entity Name
FOR SINGLES & OTHERS TRAVEL NETWORK, LLC

Principal Place of Business 5890 EAST GRAND DUKE CIRCLE TAMARAC FL 33321	Mailing Address 5890 EAST GRAND DUKE CIRCLE TAMARAC FL 33321-6371
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2. Principal Place of Business 1314 EAST LAS OLAS BLVD Suite, Apt. #, etc. 892	3. Mailing Address 1314 EAST LAS OLAS BLVD. Suite, Apt. #, etc. 892
City & State FT. LAUDERDALE FLA.	City & State FT. LAUDERDALE FLA.
Zip 33301 Country USA	Zip 33301 Country USA

4. FEI Number 65-0942178	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

**STOPCZYNSKI, GERALD E
5890 EAST GRAND DUKE CIRCLE
TAMARAC FL 33321**

7. Name and Address of New Registered Agent

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 _____ (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	MGR SHIELDS, LIBBY 12661 NORTHWEST 14TH PLACE SUNRISE FL 33323 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STOPCZYNSKI, GERALD E 5890 EAST GRAND DUKE CIRCLE TAMARAC FL 33321 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800003283728--0 -05/09/00--01113--013 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 by Chapter 608, Florida Statutes.

SIGNATURE: GERALD E. STOPCZYNSKI Date: 5/1/00 Daytime Phone: 904-7185090

CR2E083 (9/99)