

# 2000 UNIFORM BUSINESS REPORT (UBR)

AND  
FILED

00 MAY -2 PM 12:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0004312 AF

DOCUMENT # **L99000004182**

1. Entity Name  
**SYMBIOTIC INVESTMENTS INTERNATIONAL, L.L.C.**

Principal Place of Business      Mailing Address  
**8290 LAKE DRIVE                      8290 LAKE DRIVE**  
**STE 207                                      STE 207**  
**MIAMI FL 33166                          MIAMI FL 33166-4671**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number      Applied For  
**65 0933 828**      Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRANKEL, CLAY**  
**8290 LAKE DRIVE, STE 207**  
**MIAMI FL 33166**

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

10. ADDITIONS / CHANGES

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>MGR</b> <b>FRANKEL, CLAY</b> <b>8290 LAKE DRIVE, STE 207</b> <b>MIAMI FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>100003259641--2</b> <b>-05/19/00--01090--023</b> <b>*****50.00      *****50.00</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<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 required by Chapter 608, Florida Statutes.

SIGNATURE: *Clay Frankel*      **FRANKEL**      4/27/00      305 477 9037  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER      Date      Daytime Phone #

CR2E083 (9/99)