

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -1 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000005574

1. Entity Name
180 DEGREES CONSULTING LLC

Principal Place of Business 18495 S. DIXIE HWY. STE 245 MIAMI FL 33157-6817		Mailing Address 18495 S. DIXIE HWY. STE 245 MIAMI FL 33157-6817	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number
65-0947081

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE FL 32301				7. Name and Address of New Registered Agent			
Name				Name			
Street Address (P.O. Box Number is Not Acceptable)				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 _____ DATE _____
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

800003264058--5
-05/23/00--01108--007
*******55.00 *****55.00**

9. MANAGING MEMBERS / MEMBERS				10. ADDITIONS / CHANGES			
TITLE NAME	MGRM ZWEIG, ROBERT M	<input type="checkbox"/> Delete		TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	18495 S. DIXIE HWY, STE 245			STREET ADDRESS	MIAMI, FL. 33157-6817		
CITY- ST- ZIP	MIAMI FL			CITY- ST- ZIP			
TITLE NAME	MGRM ZWEIG, BRIAN S	<input type="checkbox"/> Delete		TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	2 BRIDLE COURT			STREET ADDRESS	EAST GREENBUSH, NY 12061		
CITY- ST- ZIP	EAST GREENBRUSH NY.			CITY- ST- ZIP			
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				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)(l), 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: Robert M. Zweig **ROBERT M. ZWEIG** Date: 4/27/2000 Daytime Phone #: 650-503-7244

CRZE083 (9/99)