## 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L9900005890  1. Enlity Name					00 APR 13 PM 3: 02			
SENIOR PLANNING & INVESTMENTS, LLC								
					SECRETA	RY OF STATE SSEE, FLORIDA	7,	
	ce of Business	Mailing Address			hand product a second		artigation of	
		9359 LAKE SERENA DR BOCA RATON FL 33490						
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2. Principal F	Place of Business	3. Mailing Address						
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Suite, Apt	:. #, etc.	Suite, Apt. #, etc.		MUM	DO NOT WRITE			
City & Sta	ate	City & State		4. FEI Nur	mber 0 450 7 1 3	1 <del></del>	pplied For ot Applicable	
Zip	Country	Zip	Country		ate of Status Desired	□ \$5.00 Add	ditional	
<del>_</del>	6. Name and Address of Cur	rent Registered Agent	<u> </u>	7. Name a	and Address of New Reg	Fee Require	<u>-</u>	
CHARLIP, DAVID H ESQUIRE 600 S. ANDREWS AVENUE, 6TH FLOOR		Name	<del></del>					
		R	Street Addre		ss (P.O. Box Number is Not Acceptable)			
	UDERDALE FL 33301					· · · · · · · · · · · · · · · · · · ·		
			City			FL Zip Coo	le	
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8. The above	e named entity submits this stateme	ent for the purpose of changing i	its registered office or	registered agent, or	both, in the State of Florid			
	ŕ	ent for the purpose of changing i	its registered office or	registered agent, or	both, in the State of Florid			
8. The above	ŕ		its registered office or					
		agent and title if applicable (NC	OTE: Registered Agent signatur	e required when reinstating)		da.		
		agent and title if applicable (NC	DTE: Registered Agent signatur	e required when reinstating)		da.		
SIGNATURE	Signature, typed or printed name of registered of the signature.	agent and title if applicable (NC FILE I Make Check F	OTE: Registered Agent signatur NOW!!! FEE IS \$5 Payable to Departn 10.	e required when reinstating)		DATE	The Addition	
SIGNATURE	Signature, typed or printed name of registered and managing Managing Minds Min	agent and title if applicable (NC FILE I Make Check F	NOW!!! FEE IS \$5	e required when reinstating)		da.	Addition	
9. ITTLE NAME STREET ADDRESS	Signature, typed or printed name of registered.  MANAGING ME MGR MEIJER, INGRID C 3520 BAY VIEW DR	agent and title if applicable (NC FILE I Make Check F	NOW!!! FEE IS \$5 Payable to Departn  10. TITLE NAME STREET ADDRESS	e required when reinstating)		DATE	Addition	
SIGNATURE  9. TITLE	Signature, typed or printed name of registered and managing Managing Minds Min	agent and title if applicable (NC FILE I Make Check F	NOW!!! FEE IS \$5 Payable to Departn  10. TITLE NAME	io.00 nent of State	ADDITIONS/C	DATE  HANGES  Change		
9. TITLE MANE SITY-ST-ZIP TITLE MARE	MANAGING ME MGR MEIJER, INGRID C 3520 BAY VIEW DR FT LAUDERDALE FL 33308 MGR LONDON, JOHN S	Agent and title if applicable (NC)  FILE I  Make Check F  EMBERS/MEMBERS   Detate	NOW!!! FEE IS \$5 Payable to Departn  10. TITLE NAME STREET ADDRESS GITY- SI-ZIP  TITLE NAME	io.00 nent of State	ADDITIONS/C	DATE  HANGES  Change	OZI Addition	
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