

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -4 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L99000006536**

1. Entity Name
BOUNTY GROUP HOLDING LLC

Principal Place of Business 8550 NW 17TH STREET SUITE 100 MIAMI FL 33126	Mailing Address 8550 NW 17TH STREET SUITE 100 MIAMI FL 33126-1008
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8550 N.W 17th Street Suite, Apt. #, etc. Suite 110	3. Mailing Address 8550 N.W 17th Street Suite, Apt. #, etc. Suite 110
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City & State Miami, FL	City & State Miami, FL
Zip 33126	Country
Zip 33126	Country

4. FEI Number 65-0955723	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
JENSEN, JOAN B.
8550 NW 17TH STREET SUITE 100
MIAMI FL 33126

7. Name and Address of New Registered Agent
Name **TROND S. JENSEN**
Street Address (P.O. Box Number is Not Acceptable)
95 MERRICK WAY
SUITE 518
City **CORAL GABLES FL** Zip Code **33134**

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 *[Signature]* **TROND S. JENSEN** DATE **5-1-2000**
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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JENSEN, TROND S 8550 NW 17TH STREET SUITE 100 MIAMI FL 33126	<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	MANAGING MEMBER SIGURD JENSEN CO. 95 MERRICK WAY, SUITE 518 CORAL GABLES, FL 33134	<input checked="" 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	000003273520-1 --06/01/00--01056--001 *****50.00 *****50.00	<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 required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* **TROND S. JENSEN** DATE **5-1-2000** DAYTIME PHONE # **305-444-2700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

CR2E083 (9/99)