

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 26 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000007832

1. Entity Name
MURTECH ENTERPRISES, LLC

Principal Place of Business PMB 301 1844 N. NOB HILL ROAD PLANTATION FL 33322	Mailing Address PMB 301 1844 N. NOB HILL ROAD PLANTATION FL 33322-6548
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1844 N. Nob Hill Rd.	3. Mailing Address 1844 N. Nob Hill Rd.
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Suite, Apt. #, etc. PMB 180	Suite, Apt. #, etc. PMB 180
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City & State Plantation, FL	City & State Plantation, FL
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Zip 33322	Country USA	Zip 33322	Country USA
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4. FEI Number 05-0980874	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GRAND, MAK S
3440 HOLLYWOOD BLVD., SUITE 450
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State
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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	MGR MURRONI, ENNIO JR 13281 NW 11TH DRIVE SUNRISE FL 33323	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	MGR ROSE, PHILIP S 1520 NW 128TH DRIVE, #101 SUNRISE FL 33323	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	600003245425 -05/03/00--01118--009 *****50.00 *****50.00
<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: Philip S. Rose 4/24/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)