

2001 UNIFORM BUSINESS REPORT (UBR)

0000436

DOCUMENT # M00000001365

1. Entity Name
ACME WIDGETS RESEARCH & DEVELOPMENT LLC

FILED
01 SEP 24 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

1900 CORPORATE BLVD. #305W 1900 CORPORATE BLVD. #305W
BOCA RATON FL 33431 BOCA RATON FL 33431



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6400 CONGRESS AVE Suite, Apt. #, etc. SUITE 1400	3. Mailing Address 6400 CONGRESS AVE Suite, Apt. #, etc. SUITE 1400
City & State BOCA RATON FL	City & State BOCA RATON FL
Zip 33487	Country FLORIDA
Zip 33487	Country FLORIDA

4. FEI Number **65-0974963** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SLAVICK, LUISA
1900 CORPORATE BLVD. #305W
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name
EDWARD R SMITH

Street Address (P.O. Box Number is Not Acceptable)
6400 CONGRESS AVE SUITE 1400

City **BOCA RATON** FL Zip Code
33487

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]* **EDWARD R SMITH** DATE **8/27/01**

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 **700004616237-9**

Due By September 26, 2001 **-09/28/01--01040--006**
*******50.00 *****50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	JEFFREY WEISS MGRM SAME AS ABOVE	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MILTON BARBAROSH MGRM	<input checked="" 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	EUGENE CAIAZZO MGRM SAME AS ABOVE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	METROYE SCHINDLER MGRM SAME AS ABOVE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GINO COMPERETTO MGRM SAME AS ABOVE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RICHARD HAUSMAN MGRM SAME AS ABOVE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRANK PERLMAN MGRM SAME AS ABOVE	<input type="checkbox"/> Change <input checked="" 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, the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* **CAIAZZO** DATE **8/27/01** **561-893-9484**

STAPLE CHECK HERE

CR2E083 (5/01)