

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M97000000345**

1. Entity Name
MIDWEST CENTERS, LTD., A LIMITED LIABILITY COMPA

FILED

01 SEP 10 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**3307 CLIFTON AVENUE
CINCINNATI OH 45220**

Mailing Address
**3307 CLIFTON AVENUE
CINCINNATI OH 45220**

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | | |
|---|---|--|
| 4. FEI Number 31-1173074 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | |

6. Name and Address of Current Registered Agent

**KATZ, MARTIN V
625 NORTH FLAGLER DRIVE 9TH FLOOR
WEST PALM BEACH FL 33401-4025**

7. Name and Address of New Registered Agent

Name _____

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.
Due By September 26, 2001

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR LIPSON, ALVIN 3307 CLIFTON AVENUE CINCINNATI OH 45220 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 600004603366-2 -09/20/01--01095--009 *****50.00 *****50.00 |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: [Signature] WIRED 8/30/01** Date **(519) 751-5300** Daytime Phone #

000652

CR2E083 (5/01)