

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90131 028 ***150.00

DOCUMENT # P93000084201

1. Entity Name
LANDMARK MANAGEMENT SERVICES INC.

Principal Place of Business 9000 SHERIDAN ST SUITE 116 PINES FL 33024	Mailing Address 9000 SHERIDAN ST SUITE 116 PEMBROKE PINES FL 33024-8801 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 12323 SW 55th St. Suite, Apt. #, etc. Bldg 1000 Suite 1002 Cooper City Florida Zip 33330 Country <i>Burund</i>	3. Mailing Address 12323 SW 55th St. Suite, Apt. #, etc. Building 1000 Suite 1002 Cooper City Florida Zip 33330 Country <i>Burund</i>
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4. FEI Number 65-0452392	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SONNEBORN, KENT
 11901 NW 13TH CT
 PEMBROKE PINES FL 33026

7. Name and Address of New Registered Agent
 Name **KENT D. SONNEBORN**
 Street Address (P.O. Box Number is Not Acceptable)
 12323 SW 55th St. Building 1000
 Suite 1002
 City *Cooper City Florida* FL Zip Code *33330*

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 *Kent D. Sonneborn* DATE *4/18/2000*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SONNEBORN, KENT 11901 NW 13TH CT PEMBROKE PINES FL 33026	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kent D. Sonneborn* **Kent D. Sonneborn** DATE *4/18/2000* **4/18/2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # *954-680 9545*

CR2E034 (9/99)