## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000000082							FILED				
820, L.L.	<b>C</b> .					,		OI APR	23 PM	2: 49	
Principal Place of Business Mailing Address 3905 ALTON ROAD 3905 ALTON ROAD MIAMI BEACH FL 33140 MIAMI BEACH FL 33				<del>-</del>				. SECRET TALLAHA	(SSEE, FI	LÖRIDA	
			•								
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State			Cit	City & State			4. FEI N	4. FEI Number  Applied For Not Applicab			<del>-i</del>
Zip	Cot	untry	Zip	)	Coun	try	5. Certif	icate of Status Desired		\$5.00 Add	ditional
	6. Name and A	ddress of Current	t Register	red Agent			7. Name	and Address of New			
	,					Name-		-		·	
ROSSZ FIU CORPORATION			n p			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
200 SOUTH BISCAYNE BLVD., 20TH FLOOR MIAMI FL 33131										• • •	
						City		;	FL	Zip Cod	e
	<del></del>									<u> </u>	
8. The above	named entity subm	its this statement fo	for the pur	pose of changing its	registere	ed office or reg	istered agent, d	r both, in the State of I	Florida.		
8. The above	named entity subm	nits this statement fo	for the purple.	pose of changing its	registere	ed office or reg	istered agent, o	r both, in the State of I	Florida.		
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SIGNATURE .				opticable (NOT	E: Registere:	d Agent signature red	quired when reinstatin	• <b>^^011015</b> 2 -05/(	DATE	11117	
SIGNATURE _	Signature, typed or printed	t name of registered agent	it and title if ap	FILE No.	E: Registered  OW!!! I	d Agent signature red	quired when reinstatin	<del>0)</del> <b>70000 -</b> 05/( ****	<b>4183</b> 08/010 **50.00	11117	
SIGNATURE .	Signature, typed or printed		it and title if ap	FILE No.	E: Registere:	d Agent signature red FEE IS \$50. Departmen	quired when reinstatin	<del>0)</del> <b>70000 -</b> 05/( ****	DATE 4 1 5 3 08/01 0	11117	50.00
SIGNATURE .  9.  TITLE NAME	Signature, typed or printed  MGR JACOBSON, AL	t name of registered agent  MANAGING MEMB	it and title if ap	FILE NOMBERS	OW!!! if ayable to	d Agent signature red FEE IS \$50. Departmen	quired when reinstatin	<del>0)</del> <b>70000 -</b> 05/( ****	<b>4183</b> 08/010 **50.00	1117 ****	50.00
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limited liability company or the receiver or trustee empowered to proceed the same required by Chapter 608, Florida Statutes.

SIGNATURE: ALAN W. JACOBSON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MANAGER, OR AUTHORIZED REPRESENTATIVE

4/10/01

305 535-4110

Daytime Phone #