

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002012

1. Entity Name

TELEFORCE, L.L.C.

Principal Place of Business

3330 N. UNIVERSITY DRIVE
SUNRISE FL 33351

Mailing Address

3330 N. UNIVERSITY DRIVE
SUNRISE FL 33351

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

605-0988331

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEDERMAN RUB, MARTA
4000 HOLLYWOOD BLVD., SUITE 755 SOUTH
HOLLYWOOD FL 33021

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

800004418838--3
-06/14/01--01006--017
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		Managing Member Chris Eisdorfer 4000 Hollywood Blvd #755 South Hollywood, FL 33021	<input checked="" type="checkbox"/> Addition
		Managing Member Sandra P. Givner 4000 Hollywood Blvd #755 South Hollywood, FL 33021	<input checked="" type="checkbox"/> Addition
		Manager Marta Lederman Rub 4000 Hollywood Blvd #755 South Hollywood, FL 33021	<input checked="" type="checkbox"/> Addition
		Managing Member Jeffrey Dowling 3330 N University Dr Sunrise FL 33351	<input checked="" type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-5-2001

954-963-1994

Date

Daytime Phone #

CR2E083 (11/00)

0013177 AF

FILED

2001 MAY 10 AM 10:51

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE