

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90598 020 \*\*\*\*50.00

DOCUMENT # L00000002012

1. Entity Name

Tele Force LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3330 N University dr

Suite, Apt. #, etc.

3. Mailing Address

3330 N University dr

Suite, Apt. #, etc.

City & State

Sunrise FL

City & State

Sunrise FL

4. FEI Number

65-0988331

Applied For

☐ Not Applicable

Zip

33351

Country

USA

Zip

33351

Country

USA

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name Marta Lederman Rub

Street Address (P.O. Box Number is Not Acceptable) 4000 Hollywood Blvd

Suite 755 South

City Hollywood

FL

Zip Code 33021

**DO NOT WRITE  
IN THIS SPACE**

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.

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Eisendorfer Chris</u> <u>4000 Hollywood Blvd</u> <u>Suite 755 South</u> <u>Hollywood FL 33021</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Papadimitriou Sandra</u> <u>4000 Hollywood Blvd</u> <u>Suite 755 S.</u> <u>Hollywood FL 33021</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Rub. Marta Lederman</u> <u>4000 Hollywood Blvd</u> <u>Suite 755</u> <u>Hollywood FL 33021</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Dawling Jeffrey</u> <u>3330 N University dr</u> <u>Sunrise FL 33351</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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]

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

4/30/02

Date

Daytime Phone #

CR2E083B (12/01)