

2001 UNIFORM BUSINESS REPORT (UBR)

0013067 AF

DOCUMENT # L00000003121

1. Entity Name
NO SIEST@.COM, LLC

FILED
01 MAR 26 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4429 MAGNOLIA RIDGE DRIVE
WESTON FL 33331

Mailing Address
4429 MAGNOLIA RIDGE DRIVE
WESTON FL 33331



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				<input checked="" type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SACKS, DAVID E 2 SOUTH BISCAYNE BLVD., SUITE 2400 ONE BISCAYNE TOWER MIAMI FL 33131				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

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
		MM MARC LUPCZYNSKI 4429 MAGNOLIA RIDGE DR. WESTON FL 33331-5008	
		200003961672-5 -04/06/01--01008--026 *****50.00 *****50.00	
		200003961672-5 -04/06/01--01008--027 *****5.00 *****5.00	

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
MARC LUPCZYNSKI

2/19/01

Date Daytime Phone #

CR2E083 (11/00)