## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 22, 2002 8:00 am § Secretary of State DOCUMENT # L0000003403 05-22-2002 90216 043 \*\*\*\*50.00 TYE HOLDINGS, LLC Principal Place of Business Mailing Address 2556 UNIVERSITY DRIVE 2556 UNIVERSITY DRIVE QUenne **CORAL SPRINGS FL 33065** CORAL SPRINGS FL 33065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1037124 Not Applicable Ζip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required .... 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHACHTER, SAMUEL Street Address (P.O. Box Number is Not Acceptable) 2556 UNIVERSITY DRIVE **CORAL SPRINGS FL 33065** City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SCHACHTER, SAMUEL NAME STREET ADDRESS 2556 UNIVERSITY DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33065 **MBR** ☐ Delete TITLE ☐ Change ■ Addition NAME SCHACHTER, MALCA NAME STREET ADDRESS 2556 UNIVERSITY DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ Delete TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS

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 his report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF

CITY-ST-ZIP

CR2E083 (9/01

FILED