## **2001 UNIFORM BUSINESS REPORT (UBR)**

Suite, Apt. #, etc.  City & State  City & St					<b>.</b>			,			
SECRETARY OF STATE TALL AHASSEE, FLORIDA  SA NUMERSHIT OR BANA PAMATANON FL 3324  2. Principal Place of Business  3. Maling Address  PAMATANON FL 3324  2. Principal Rose of Business  3. Maling Address  Size Apr. #. etc.  DO NOT WRITE IN THIS SPACE  City & State  DO NOT WRITE IN THIS SPACE  City & State  City & State  DO NOT WRITE IN THIS SPACE  DO NOT WRITE IN THIS SPACE  A Paparicable  Price Required  To Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  To Name and Address of New Registered  To Name and Address of							FILED				
SECRETARY OF STATE TALL AHASSEE, FLORIDA  SAN HUMBERSTY OR ANA PAN PANATATION FL 3324  2. Principal Place of Business  Suita Apt. #. etc.  DO NOT WRITE IN THIS SPACE  City & State  Cit							01 APR 23 PM 5: 17				
21. N UNIVERSITY OR #H PLANTATION FL 3324 PLANTATIO	an.		- \				_ SECRETARY (	F STA	TC		
PMAPTION FL 33324  2. Principal Place of Business  Suits, Apit #, etc.  Suits, Apit #, etc.  Suits, Apit #, etc.  Suits, Apit #, etc.  City & State  Country  Country  Country  Country  Applied For Third Applied For Third States  City & State  Country  S. Centificate of Status Desired  Applied For Third Monte Applied For Third States  Provided For Third States  For Phospholadile  For Phospho	Principal Place of Business Mailing Address				TALLAHASSEE, FLORIDA						
PLANTATION FL 33324  2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Street Address of New Registered Agent  Name  BERGER, JAMES LESO  BERG											
2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State											
Suita, Apt. #, etc.  City & State  City & St											
City & State  Ci	2. Principal P	lace of Business	3. Mailing Address	lailing Address					#811 <b>88</b> 181		
Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   \$5.00 Additional Fee Required   \$5.00 Additiona	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
Second Process   Seco	City & State	9	City & State	City & State			45 1014 000 H				
S. Name and Address of Current Registered Agent Namo  BERGER, JAMES L ESO BERGER: DAVIS & SINGERMAN 350 E LAS OLAS BLUD SUITE 1000 FT LAUDERDALE FL 33301  B. 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, lyoned or printed remot of registered agent and tool it applicable.   OFTIE Registered Agent appratus required when inimatery)   DATE    FILE NOW!!! FEE IS \$50.00   Make Check Payable to Department of State   Managing Member   Deede   TITLE   MARK STREET ADDRESS   OFTI-57-12P   MILE   Delde   Mark STREET ADDRESS   OTTI-57-12P   MILE   DELDE   DELDE   DELDE   DELDE   DELDE   DELDE   D	Zip	Country	Zip	Zip Cour		5. Certi		\$5.0	00 Add	litional	
BERGER, JAMES L ESO BERGER-DAVIS & SINGERMAN 350 E LAS OLAS BLVD SUITE 1000 FT LAUDERDALE FL 33301  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 privad name of registered agent and title of applicable.		6. Name and Address of Current	t Registered Agent	1		7. Nam	e and Address of New Registe	<del> </del>		<u> </u>	
BERGER-DAVIS & SINGERMAN 350 E LAS OLAS BLVD SUITE 1000 FT LAUDERDALE FL 33301  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 it applicable.   (MOTE Registered Agent surplustus required when mentaling)   DATE					Name						
350 E LAS OLAS BLVD SUITE 1000 FT LAUDERDALE FL 33301  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 tice is applicable.  (NOTE Registered Agent synature regulated when remaiting)  DATE  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  9. MANAGING MEMBERS 10. ADDITIONS/CHANGES  ITILE  MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES  ITILE  MANAE  SIREL ADDRESS  SIREL ADDRES	•				Street Address (P.O. Box Number is Not Acceptable)						
City   FL   Zip Code											
B. The above named entity submits this statement for the purpose of changing lis registered agent, or both, in the State of Florida.  SIGNATURE    Signature, typed or printed name of registered agent are tise if applicable.   (NOTE Registered Agent scripture required when renatiting)   DATE					City			FI Z	Zip Code	<del></del>	
SIGNATURE    Signature   Lyped or princed name of registered agent aris the if applicable.   ONOTE Registered Agent signatures required when ministating)   DATE	<del></del>		or the purpose of changing its	s registere	d office or regist	ered agent		• •			
Signature, hypod or printed name of neglitered agent and title if applicable.   NOTE Registance Agent separate required when reinstating)   DATE	<b>.</b>	named draity data me diatement in	or the purpose of changing it.	3 registere	a office of regist	ored agent,	or both, in the otate of horida.				
FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  9. MANAGING MEMBERS   10. ADDITIONS/CHANGES  ITILE NAME Fink, Brian D. 2130 Regatta Avenue Miami Beach, FL 33140   Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP NAME NAME NAME STREET ADDRESS CITY-ST-ZIP NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP NAME NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP NAME NAME NAME NAME NAME NAME NAME NAME	SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable. (NO)	TE: Registered	Agent signature requir	red when reinstati	ing) D/	VF.		·	
Make Check Payable to Department of State  9. MANAGING MEMBERS / MEMBERS  ITILE NAME NAME Fink, Brian D. 2130 Regatta Avenue Miami Beach, FL 33140  ITILE NAME NAME NAME NAME NAME NAME NAME NAM											
MANAGING MEMBERS   10.   ADDITIONS/CHANGES   A	1		l l				, '				
MANAGE STREET ADDRESS CITY-ST-ZIP  TITLE MANAGE STREET ADDRESS CITY-ST-ZIP  TITLE MANAME STREET ADDRESS CITY-ST-ZIP  TI											
NAME 2130 Regatta Avenue STREET ADDRESS CITY-ST-ZIP MILE MAME MAME STREET ADDRESS CITY-ST-ZIP MAME MAME MAME MAME MAME MAME MAME MAM			····						`hanna	Addition	
STREET ADDRESS   NAME     Delete   STREET ADDRESS   CITY-ST-ZIP   NAME   STREET ADDRESS   CITY-ST-ZIP   Change   Addition   Addit	1		L. Delete				100000413	355	<b>11</b> -	_ <u> </u>	
Mile   Delete   Title   NAME   STREET ADDRESS   CITY-ST-ZIP    TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP    TITLE   NAME   Delete   TITLE   NAME   NAME    TITLE   NAME   STREET ADDRESS    TITLE   NAME   NAME    TITLE   NAME   NAME    TITLE   NAME   NAME	STREET ADDRESS	=			T ADDRESS						
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME NAME NAME NAME	CITY-ST-ZIP	Miami Beach, FL 33	3140	CiTY-	ST-ZIP			<u>υ</u> ••••	~~~~ <u>~</u>	0.00	
STREET ADDRESS CITY-ST-ZIP  TITLE NAME			☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME TITLE NAME  TITLE NAME  Addition											
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME  Change Addition Addition NAME NAME	CITY-ST-ZIP			CITY-	ST-ZIP			,			
STREET ADDRESS CITY-ST-ZIP  TITLE NAME  TITLE NAME  Change   Addition Addition Addition Addition Addition NAME NAME	TITLE	1 11 10 1 2 2 2 2 2 1 2 1 2 2 2 2 2 2 2	☐ Delete	TITLE					hange	Addition	
CITY-ST-ZIP  TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME VAME VAME VAME VAME VAME VAME VAM				•	1						
NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP	t t										
NAME STREET ADDRESS CITY-ST-ZIP  TITLE AMME STREET ADDRESS CITY-ST-ZIP  TITLE AMME STREET ADDRESS CITY-ST-ZIP  TITLE AMME STREET ADDRESS CITY-ST-ZIP TITLE AMME STREET ADDRESS CITY-ST-ZIP TITLE AMME	TITLE		☐ Delete	TITLE					Change	Addition	
CITY-ST-ZIP  CITY-ST-ZIP  TITLE  AMME STREET ADDRESS CITY-ST-ZIP  TITLE  Delete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  Delete  TITLE  NAME  NAME  Addition  Addition  NAME	NAME			NAME				_	•		
TITLE Delete TITLE STREET ADDRESS CITY_ST-ZIP TITLE Delete TITLE STREET ADDRESS CITY_ST-ZIP TITLE Delete TITLE Addition Addition Addition STREET ADDRESS CITY_ST-ZIP TITLE Addition Addition NAME					1.						
NAME STREET ADDRESS SITY_ST-ZIP CITY_ST-ZIP Delete TITLE NAME TITLE NAME TITLE NAME					ST-ZIP						
STREET ADDRESS CITY_ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY_ST-ZIP TITLE NAME			L. Delete						nange	L Addition	
TTLE Delete TITLE Change Addition NAME	STREET ADDRESS	•			T ADDRESS						
IAME NAME	CITY-ST-ZIP			CITY-	ST-ZIP		)				
le de la companya de	1	<del></del>	☐ Delete				1		hange	Addition	
	TREET ADDRESS				T ADDRESS						
CITY-ST-ZIP .	1										
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	I1. I hereby ce	ertify that the information supplied with	this filing does not qualify fo	r the exem	nption stated in S	Section 119.0	07(3)(i), Florida Statutes. I further	certify the	at the in	formation	

OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

305-836-8800