

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

L00000009385

1. Entity Name

TAMACO ASSOCIATES, L.L.C.

FILED

01 MAY 31 PM 4:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1112 WESTON ROAD, SUITE #175  
WESTON FL 33326

Mailing Address

1112 WESTON ROAD, SUITE #175  
WESTON FL 33326

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

65-1038390

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

MJH

6. Name and Address of Current Registered Agent

NADLER, DANIEL M

1112 WESTON ROAD, SUITE #175 PMB #175  
WESTON FL 33326

7. Name and Address of New Registered Agent

Name

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

1112 WESTON ROAD, PMB #175

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]*

DANIEL M. NADLER

4/20/01

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

500004430255-1  
-06/19/01--01083--005  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

TITLE: MANAGING MEMBER ☐ Delete  
NAME: DANIEL M. NADLER  
STREET ADDRESS: 1112 WESTON RD, PMB #175  
CITY-ST-ZIP: FT LAUDERDALE, FL 33326

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

10. ADDITIONS/CHANGES

TITLE: MANAGING MEMBER ☐ Change ☒ Addition  
NAME: DANIEL M. NADLER  
STREET ADDRESS: 1112 WESTON RD, PMB #175  
CITY-ST-ZIP: FT LAUDERDALE, FL 33326

TITLE: MANAGING MEMBER ☐ Change ☒ Addition  
NAME: IRWIN M. FRANK  
STREET ADDRESS: 5910 LANDERBROOK DR #200  
CITY-ST-ZIP: CLEVELAND, OHIO 44124

TITLE: MEMBER ☐ Change ☒ Addition  
NAME: MARTIN COHEN  
STREET ADDRESS: 6267 STUMPH RD, SUITE 1-A  
CITY-ST-ZIP: PARMA HEIGHTS, OH 44130

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
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]*

DANIEL M. NADLER

4/20/01

454-815-8262

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

Date

Daytime Phone #

0012803 AF

CR2E083 (11/00)