

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 24, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000011014****1. Entity Name**
NICHEDIRECTORIES, LLC

Principal Place of Business 5455 N. FEDERAL HIGHWAY, SUITE O BOCA RATON FL 33487	Mailing Address 5455 N. FEDERAL HIGHWAY, SUITE O BOCA RATON FL 33487
---	---

2. Principal Place of Business 6421 CONGRESS AVENUE Suite, Apt. #, etc. SUITE 200 City & State BOCA RATON FL	3. Mailing Address 6421 CONGRESS AVENUE Suite, Apt. #, etc. SUITE 200 City & State BOCA RATON FL
Zip 33487	Country US

4. FEI Number
65-1040150

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentRIDOLFO PHILLIP TJR ESQ
GREENBERG TRAUIG P.A.
777 S. FLAGLER DRIVE, SUITE 300E
WEST PALM BEACH FL 33401 US**7. Name and Address of New Registered Agent**

Name

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

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** _____ **01/24/2001**
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**9. MANAGING MEMBERS / MEMBERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHAPIRO PAUL C/O 6421 CONGRESS AVE., SUITE 200 BOCA RATON FL 33487	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WASSERMAN BRIAN C/O 6421 CONGRESS AVE., SUITE 200 BOCA RATON FL 33487	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HALPERN JONATHAN C/O 6421 CONGRESS AVE., SUITE 200 BOCA RATON FL 33487	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUBIN JEFF C/O 6421 CONGRESS AVE., SUITE 200 BOCA RATON FL 33487	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIAMOND NANCY L 6421 CONGRESS AVENUE, SUITE 200 BOCA RATON FL 33487	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BREGMAN KIM N 6421 CONGRESS AVENUE, SUITE 200 BOCA RATON FL 33487	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:** KIM N. BREGMAN MGR 01/24/2001

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

Date

Daytime Phone #

CR2E083 (11/00)

MILLER, EUGENE
C/O 6421 CONGRESS AVE., SUITE 200
BOCA RATON, FL 33487