2001	UNIF	ORM	BUSINESS	REPORT	(UBR

DOCU 1. Entity Name ABERDER	ne		LOOOOOC						FILED			2
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551 N.W. 77TH ST STE. 109 5			Mailing Address 551 N.W. 77TH ST STE. 109 BOCA RATON FL 33487			SECRETARY OF STATE TALLAHASSEE, FLORIDA						
2. Principal P	lace of Busii	ness	3.	Mailing Address			ĺ	. 10071011 011 80/14 00/14 BUSE 60/11 01		() 4 1) 1) 1 () 10 ())	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State	Э			City & State			4. FEI I	Number 5-1040187)	<u> </u>	pplied For ot Applicable	,
Zip		Country	2	Zip	Cour	ntry	5. Cert	ificate of Status Desired	<u></u>	\$5.00 Ad Fee Require	ditional	1
	6. Name	and Addre	ss of Current Regist	tered Agent			7. Nam	e and Address of New R				_
SUSI, SAI	MUEL					Name Street Addro	es (PO Boy N	Number is Not Acceptable	<u> </u>	<u> </u>		4
		STE. 109				Street Address (P.O. Box Number is Not Acceptable)					4	
BUCA KA	TON FL 33	548/				City	· · · · · · ·		FL	Zip Cod	le	-
8. The above	named entit	v submits thi	s statement for the p	uroose of changing its	register	ed office or regi	stered agent.	or both, in the State of Flo				-
		,					· · · 3,	,		•		
SIGNATURE _	Signature, typed	or printed name	of registered agent and title if	applicable. (NOT	E: Registere	d Agent signature req	juired when reinstat	ting)	DATE			
				FILE N Make Check Pa		FEE IS \$50.0 o Departmen						
9.			GING MEMBERS/M	EMBERS	10.			ADDITIONS/	CHANGES			ز [
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		l l				Change	☐ Addition	R2E083 (11/00)
TITLE				☐ Delete	TITLE					☐ Change	Addition	CRZ
NAME STREET ADDRESS				,	NAM Stre	E EET ADDRESS		3000004	<u>,</u> ,34;	223;	<u></u> 5	
CITY-ST-ZIP TITLE	· · · · · ·	· · · · ·		Delete	CITY	-ST-ZIP		-047 Z07 *******		[U]5[并表示	リシス 5 5-10 0ition	1
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STREET ADDRESS CITY-ST-ZIP		:			STRE	et address -ST-ZIP						
TITLE		•		☐ Delete	TITLE					☐ Change	Addition	1
NAME STREET ADDRESS CITY-ST-ZIP		;		•		E et address -st-zip						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1	·····	☐ Delete	TITLE NAMI STRE	<u> </u>		· ;		Change	Addition	
11. I hereby co	on this repor	t is true and	accurate and that my	ng does not qualify for y signature shall have wered to execute this	the exer	mption stated in e legal effect as	if made under	07(3)(i), Florida Statutes. I r oath; that I am a manag orida Statutes.	further certi ing member	fy that the ir or manage	nformation or of the	
SIGNATI	URE:	S.J.	MUL KINTED NAME OF SIGNING	MANAGING MEMBER, MAN	EST ST	AUTHORIZED REPRI	ESENTATIVE	4/14/0/ Date		(1) 997 vtime Phone #	-2700	