# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #**    **L00000013564**

**1.** Entity Name
**ROSS MATZ INVESTMENTS I, LLC**

| Principal Place of Business | Mailing Address |
|---|---|
| 3325 S UNIVERSITY DR<br>SUITE 210<br>DAVIE FL 33328 | 3325 S UNIVERSITY DR<br>SUITE 210<br>DAVIE FL 33328 |

**FILED**

**01 JAN 16 AM 2:25**

**SECRETARY OF STATE**
**TALLAHASSEE, FLORIDA**

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip    Country | Zip    Country |

DO NOT WRITE IN THIS SPACE

**4.** FEI Number _65-_1053053_

Applied For ☐
Not Applicable ☐

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| **ROSS, BARRY**<br><br>**3325 S UNIVERSITY DR**<br><br>**SUITE 210**<br><br>**DAVIE FL 33328** | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>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 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 | | 10. ADDITIONS / CHANGES | |
|---|---|---|---|
| TITLE **MGR**<br>NAME **ROSS, BARRY**<br>STREET ADDRESS **3325 S UNIVERSITY DR SUITE 210**<br>CITY-ST-ZIP **DAVIE FL 33328** | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change   ☐ Addition |
| TITLE **MGR**<br>NAME **MATZ, WILLIAM D**<br>STREET ADDRESS **3325 S UNIVERSITY DR SUITE 210**<br>CITY-ST-ZIP **DAVIE FL 33328** | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP    000003575210---4<br>-01/25/01--01098--002<br>*****50.00 *****50.00 | ☐ Change   ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change   ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change   ☐ Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change   ☐ 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:** _SIGNATURE REQUIRED_    1/12/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #