

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90087 009 \*\*\*\*50.00

**DOCUMENT # L01000003510****1. Entity Name**  
**2911 COLLINS, LLC****Principal Place of Business**  
**3015 N. OCEAN BLVD., APT. 2A**  
**FT LAUDERDALE FL 33308****Mailing Address**  
**3015 N. OCEAN BLVD., APT. 2A**  
**FT LAUDERDALE FL 33308****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**4. FEI Number**☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

**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****GEFTMAN, JONATHAN**  
**3015 N. OCEAN BLVD., APT. 2A**  
**FT LAUDERDALE FL 33308**

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**

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**  
**Due By May 1, 2002****9. MANAGING MEMBERS/MANAGERS****10. ADDITIONS/CHANGES****TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**MEM**  
**S 2 GOLD, INC.**  
**3015 N OCEAN BLVD, APT 2A JONATHAN GEFTMAN**  
**FT LAUDERDALE FL 33308**☐ Delete**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
☐ Change ☐ Addition**TITLE**  
**NAME**  
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**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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/8/02 215-504-8411

CR2E083 (9/01)