


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90899 002 ****50.00

DOCUMENT # L 010000 10470	
1. Entity Name MARK 2000 LLC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8050 S.W. 10 STREET Suite, Apt. #, etc. 4600	3. Mailing Address 8050 S.W. 10 STREET Suite, Apt. #, etc. 4600
City & State PLANTATION - FLORIDA	City & State PLANTATION
Zip 33324	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1122831	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name MARIO GUZMAN	
	Street Address (P.O. Box Number is Not Acceptable) 9180 S. WAZELAN BLVD. STE # 1004	
	City Miami	Zip Code FL 33156

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM LEONARDO GERMAN TOIBERMAN 2710 OAKBROOK LN. WESTON, FL. 33332	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM DEBRA STELLA TANNER 2710 OAKBROOK LN. WESTON, FL. 33332	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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

LEONARDO TOIBERMAN (MEMBER)

4-8-03

Date

954-916-4440

Daytime Phone #

CR2E083B (12/02)