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

DOCUMENT # L02000034963

SIGNATURE: TRVING KIRSCH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING

1. Entity Name

בוואסטע איניסעודי



## FILED Feb 27, 2003 8:00 am Secretary of State 02-27-2003 90001 033 \*\*\*\*50.00

	IN AVENUE DUC		V	COD WE THE			
	DO NOT WRITE	IN THIS SF	PAC	E:			
2. Principal F +047 Suite, Apt	Place of Business REASURE BOAT . #, etc.	3. Mailing Address 406 TRFASUR Suite, Apt. #, etc.	e <u>e</u>	GAT WAY	DO NOT WRITE IN T	HIS SPACE	
City & Sta	te SOTA, FL	City & State	F	=	14. FEI Number 33-1036 348		Applied For Not Applicable
342L	FA SARASOTA	34242	Cour 5 <i>A1</i>	2ASOTA	5. Certificate of Status Desired	\$5.00 Fee Req	Additional uired
				Name R	7. Name and Address of Current Regist	ered Agent	
Street Address (P.O. Box Number is Not Acceptable)							
	IN THIS SP	AGE				<i>, , , , , , , , , , , , , , , , , , , </i>	7
8. The above	named entity submits this statement for	the purpose of changing its r	egistor	City SARA	<u> </u>	<u> </u>	4242)
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							
FEE IS \$50:00  Make Check Payable to Florida Department of State  DUE BY MAY 1							
9.	MANAGING MEMBEI		William Co.				
TITLE Name	IRVING KIRSC	MORNI	TITLI NAM	i i i i i i i i i i i i i i i i i i i	eren and are an in a comment and a second		
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I1. I hereby of indicated	ertify that the information supplied with to on this report is true and accurate and to bility company or the receiver or trustee	this filing does not qualify for the thing the thing the thing the thing the thing repowered to execute this re	he exer	nption stated in Sec	tion 119.07(3)(i), Florida Statutes. I further adde under oath; that I am a managing mer r 608. Florida Statutes.	certify that that the control of the	ne information ager of the