2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9300000385

Entity Name

Ti UDMURT L.C.

Mailing Address
P.O. BOX 11369
P.O. BOX 11369
PT. LAUDERDALE FL 33339

PT. LAUDERDALE FL 33339

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

APPROVED AND FILED

00 APR 14 AM 9: 02

SECRETARY OF STATE FALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

7					Mom				
City & State City & State					4. FEI Number 65-0448972				oplied For ot Applicable
Zíp	Country	Zip Coun		у			\$5.00 Additional see Required		
	6. Name and Address of Current		7. Name and Address of New Registered Agent						
				Name					
SRKAL, MILOTA K				Street Address	e/PO Box No	amber is Not Acceptal)(a)(
2659 NE 26TH COURT				Oli CCL / GGICSC	3 (1.0.00)				
FT LAUDI	ERDALE FL 33306								
			<u> </u>	City			FL	Zip Cod	e
The above	a named entity submits this statement fo	r the purpose of changing i	its registered	d office or regist	tered agent, o	r both, in the State of I	lorida.	 _	
	·								
IGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re				Agent signature requi	rad when minutetin	g)	DATE		
signature, typed or printed name or registered agent and title if applicable. (NOTE				Agent signature redui	red when remstating	, , , , , , , , , , , , , , , , , , , ,	DATE		
		FILE I	NOW!!! FI	EE IS \$50.00)				
	•	Make Check F	Payable to	Department	of State				
			10.						
	MANAGING MEMBERS/MEMBERS				ADDITIONS/CHANGES				
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REET ADURESS TY-81-21P				BT-ZIP					
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ME.	BELL, JAMES	<u></u>	NAME						
BEET ADORESS	500 NW 62ND ST 5TH FL		87REE	T ADDRESS					
TY-&T-ZIP	FT LAUDERDALE FL 33309		CITY-1	rt-Zip					
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AME	SRKAL, MILOTA		MANLE			500003		DE LOCA	<i>#</i> 3
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TREET ADORESS TY-ST-ZIP	<u> </u>			T ACORESS					

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 of the employee and exemption exemption as required by Chapter 608, Florida Statutes.

SIGNATURE

Suite, Apt. #, etc.

SIGNATURE AND TYPED, OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/10/00 (954)584-8612