

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 14 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0014319 AF

DOCUMENT # L93000000385
Entity Name
FT UDMURT, L.C.

Principal Place of Business
P.O. BOX 11369
FT. LAUDERDALE FL 33339

Mailing Address
P.O. BOX 11369
FT. LAUDERDALE FL 33339-1369

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



MM

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0448972
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
SRKAL, MILOTA K
2659 NE 26TH COURT
FT LAUDERDALE FL 33306

7. Name and Address of New Registered Agent
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

9. MANAGING MEMBERS / MEMBERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MEM	SERFUSTINI, ANTHONY	500 NW 62ND ST 5TH FL	FT LAUDERDALE FL 33309	<input type="checkbox"/>
MEM	BELL, JAMES	500 NW 62ND ST 5TH FL	FT LAUDERDALE FL 33309	<input type="checkbox"/>
MEM	SRKAL, MILOTA	500 NW 62ND ST 5TH FL	FT LAUDERDALE FL 33309	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 OR MANAGER
Date 4/10/00 Daytime Phone # (954) 564-8612