## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

		000000057		F11 E14		
Entity Name     CHALLENGE DEVELOPMENT COMPANY, L.C.				FILEM SECRETARY OF STATE DIVISION OF CORPORATIONS		
				00 JAN 13 AM 11: 45		
Principal Place of Business Mailing Address						
		11955 SW 142 TERR				
MIAMI FL 33186 MIAMI FL 33186-6084			( 1881-1914 ALE 1818) BUTH BEHT BETT BETT BETT BETT BETT			
			•			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SP.	ACE WITH	
City B State		City & State		4. FEI Number	Applied For	
City & State	•	City & State		65-0549814	Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	5.00 Additional see Required	
	6. Name and Address of Cu	rrent Registered Agent	<del>\</del>	7. Name and Address of New Registered Ag		
			Name			
NEUMAN, HERB			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
11955 SW 142 TERR MIAMI FL 33186						
		City		Zip Code		
				FL		
SIGNATURE	named entity submits this statement of registered signature, typed or printed name of registered	agent and title if applicable (NO	TE: Registered Agent signature requirements	uired when reinstating)  DATE		
SIGNATURE _	Signature, typed or printed name of registered	agent and title if applicable (NO FILE N	TE: Registered Agent signature requirements of the partition of the partit	DATE  DO  t of State		
SIGNATURE _	Signature, typed or printed name of registered  MANAGING M	FILE N Make Check Pa	TE: Registered Agent signature requirements of the partiments of t	uired when reinstating)  DATE  DO  t of State  ADDITIONS/CHANGES	Change Addition	
SIGNATURE _	Signature, typed or printed name of registered  MANAGING M  M  NEUMAN, SCOTT	agent and title if applicable (NO FILE N	TE: Registered Agent signature requirements of the partition of the partit	t of State  ADDITIONS/CHANGES	_ , _	
O.	MANAGING M NEUMAN, SCOTT 11955 SW 142 TERR	FILE N Make Check Pa	TE: Registered Agent signature required in the signature requirement of th	ADDITIONS/CHANGES  4.0003103103	7845 1019005	
SIGNATURE	Signature, typed or printed name of registered  MANAGING M  M  NEUMAN, SCOTT	FILE N Make Check Pa	TE: Registered Agent signature requirements of the partments of the partme	Uired when reinstating)  DATE  O  ADDITIONS/CHANGES  C  ADDITIONS/CHANGES  C  ADDITIONS/CHANGES  C  ADDITIONS/CHANGES  C  ADDITIONS/CHANGES	_ , _	
D.	MANAGING M NEUMAN, SCOTT 11955 SW 142 TERR	FILE N Make Check Pa	TE: Registered Agent signature requirements of the partition of the partit	Uired when reinstating)  DATE  O  ADDITIONS/CHANGES  C  ADDITIONS/CHANGES  C  ADDITIONS/CHANGES  C  ADDITIONS/CHANGES  C  ADDITIONS/CHANGES	7845 (019005 *****50.00	
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9.  ITTLE  WAME  STREET ADDRESS  CITY-ST-ZIP	MANAGING M M NEUMAN, SCOTT 11955 SW 142 TERR MIAMI FL 33186	SEMBERS / MEMBERS  Delete  Delete  Delete	TE: Registered Agent signature required by the partition of the partition	ADDITIONS/CHANGES  ADDITIONS/CHANGES  -4.0003103 -01/20/00-01 *****50.00	Change	

TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1-10-00

Date

305-252-8290

Daytime Phone #