

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L9600000987**

1. Entity Name
TIREM, L.L.C.

FILED

00 APR 28 PM 2: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1400 E. NEWPORT CENTER DRIVE
SUITE 209
DEERFIELD BEACH FL 33442**

Mailing Address
**1400 E. NEWPORT CENTER DRIVE
SUITE 209
DEERFIELD BEACH FL 33442-7713**



2. Principal Place of Business
1350 E. Newport Center
Suite, Apt. #, etc.
Suite 206

3. Mailing Address
PO Box 4219
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Deerfield Beach, FL

City & State
Deerfield Beach, FL

Zip
33442

Country
USA

Zip
33442-4219

Country
USA

4. FEI Number
65-0706079

Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

**KAY, JAMES R
777 S. FLAGLER DR., SUITE 900
WEST PALM BEACH FL 33401**

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 _____ (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	MGR REIBLING, LORENZ 1400 E. NEWPORT CENTER DR., SUITE 209 DEERFIELD BEACH FL 33442	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REIBLING, GUENTHER 1400 E. NEWPORT CENTER DR., SUITE 209 DEERFIELD BEACH FL 33442	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1350 E. Newport Center Dr. Ste. 206 Deerfield Beach, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1350 E. Newport Center Dr. Ste 206 Deerfield Beach, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800003238368--1 -05/03/00--01137--017 *****55.00 *****55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Linda G. Kassof*

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

REQUIRED Linda G. Kassof 4/27/00

Date

Daytime Phone #