

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1350 E. Newport Center
Suite, Apt. #, etc.
Suite 206
City & State
Deerfield Beach, FL

3. Mailing Address
PO Box 4219
Suite, Apt. #, etc.
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* **REQUIRED** Linda G. Kassof 4/27/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #