

2000 UNIFORM BUSINESS REPORT (UBR)

0004001 AF

DOCUMENT # **L96000001030**

1. Entity Name
INTERLAKEN DEVELOPMENT, L.C.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 16 AM 10:35

mf 3/22/00



DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| Principal Place of Business 10875 SW 69 CT MIAMI FL 33156 | Mailing Address 10875 SW 69 CT MIAMI FL 33156-3934 |
|---|--|

| | |
|---|---|
| 2. Principal Place of Business 12397 Belcher Rd Suite, Apt. #, etc. # 270 City & State Largo, FL Zip 33773 | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country USA |
|---|---|

| | |
|---|--|
| 4. FEI Number 65-0698736 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

MOSK, YALE
10875 SW 69 CT
MIAMI FL 33156

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 *Yale Mosk* (NOTE: Registered Agent signature required when reinstating) DATE **3-13-00**

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 MOSK, MATTHEW 9500 S. DADELAND BOULEVARD, SUITE 606 MIAMI FL 33156 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MOSK, YALE 9500 S. DADELAND BOULEVARD, SUITE 606 MIAMI FL 33156 <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 type="checkbox"/> Change <input type="checkbox"/> Addition 300003189119--6 -03/30/00--01003--022 *****50.00 *****50.00 |
| 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 |
| 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 |

1. 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: *Yale Mosk* **REQUIRED** DATE: **3-13-00** DAYTIME PHONE #: **305/667-6408**

CR2E083 (9/99)