

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L96000001191**

1. Entity Name
FLORIDA MARKETING & SALES GROUP, L.C.

FILED

01 MAY -7 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business C/O BAUR, MILLER & WEBNER 100 N BISCAYNE BLVD NEW WORLD TWR 21ST FL MIAMI FL 33132-2306	Mailing Address C/O BAUR, MILLER & WEBNER 100 N BISCAYNE BLVD NEW WORLD TWR 21ST FL MIAMI FL 33132-2306
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0728409		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOODBIDGE, FREDERICK JR
C/O BAUR, MILLER & WEBNER
100 N BISCAYNE BLVD NEW WORLD TWR 21ST FL
MIAMI FL 33132-2306

Name **THOMAS BAUR, ESQ.**
Street Address (P.O. Box Number is Not Acceptable)
c/o BAUR, KLEIN, MATOS & RIEDI, PA
100 N. Biscayne Blvd, Floor 2100
City **Miami** FL Zip Code **33132-2306**

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  DATE **9/23/2001**

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		10. ADDITIONS/CHANGES	
TITLE NAME MGRM AHRABIAN, DARIUS STREET ADDRESS 100 N BISCAYNE BLVD 21ST FLOOR CITY-ST-ZIP MIAMI FL 33132-2306	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME MGRM FLORIDA PROPERTY SALES & MARKETING GROUP STREET ADDRESS 100 N BISCAYNE BLVD 21ST FLOOR CITY-ST-ZIP MIAMI FL 33132-2306	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800004341638--9 -06/05/01--01040--019 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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:  SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

305/377-3861