

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000306

1. Entity Name  
20/20 FREEWAY, L.C.

FILED

00 APR 10 AM 11:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1801 POLK STREET  
BOX 630  
HOLLYWOOD FL 33022

Mailing Address

1801 POLK STREET  
BOX 630  
HOLLYWOOD FL 33022-0079

2. Principal Place of Business

917 N. Northlake Dr  
Suite, Apt. #, etc.  
Hollywood FL  
City & State

3. Mailing Address

917 N. Northlake Dr  
Suite, Apt. #, etc.  
Hollywood FL  
City & State

4. FEI Number

65-0779879

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ZBAR, DARREL ESQ.  
1801 POLK ST., BOX #630  
HOLLYWOOD FL 33022

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

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

TITLE MGRM  
NAME ZBAR, DARREL  
STREET ADDRESS 1801 POLK STREET, BOX 630  
CITY-ST-ZIP HOLLYWOOD FL 33134 ☐ Delete

TITLE MGRM  
NAME SPECHLER, BRENT  
STREET ADDRESS 1801 POLK STREET, BOX 630  
CITY-ST-ZIP HOLLYWOOD FL 33134 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 OR MANAGER

1/9/00 954 925-3476

Date

Daytime Phone #

CR2E083 (9/99)