

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000306

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

Principal Place of Business
917 N. NORTHLAKE DR
HOLLYWOOD FL 33020

Mailing Address
917 N. NORTHLAKE DR
HOLLYWOOD FL 33020

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

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

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition
NAME 200004137272-1
STREET ADDRESS -05/04/01--01097--016
CITY-ST-ZIP *****50.00 *****50.00

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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

Date

Daytime Phone #

4/18/01

954-922-2402

FILED
01 APR 23 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E083 (11/00)