

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT-# L98000000819

1. Entity Name
MOORE-LIN, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT -2 AM 11:02

Principal Place of Business
2161 WILTON DRIVE
WILTON MANORS FL 33305

Mailing Address
2161 WILTON DRIVE
WILTON MANORS FL 33305

↓ TEMPORARY ↓

2. Principal Place of Business
101 ANDOVER COURT

3. Mailing Address
101 ANDOVER CT

Suite, Apt. #, etc.
Temp ↑

Suite, Apt. #, etc.
* TEMPORARY

City & State
PORT ST. LUCIE FL

City & State
PORT SAINT LUCIE FL

Zip
34953

Country
PORT ST LUCIE

Zip
34953

Country
PORT ST LUCIE

DO NOT WRITE IN THIS SPACE



4. FEI Number
APPLIED FOR

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

WACHS, JEFFREY S ESQ.
1177 S.E. 3RD AVENUE
FORT LAUDERDALE FL 33316

Name

Street Address (P.O. Box Number is Not Acceptable)

SAME

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
Kathy R. Moore

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

200003414322--0
-10/05/00--01019--008
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LIN, HENRY
1177 S.E. 3RD AVENUE
FORT LAUDERDALE FL 33316

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[REDACTED]
[REDACTED]
[REDACTED]

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MOORE, KATHY R
1177 S.E. 3RD AVENUE
FORT LAUDERDALE FL 33316

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[REDACTED]
[REDACTED]
[REDACTED]

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

TITLE
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: KATHY R. MOORE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

09-27-00

CR2E083 (5/00)