

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000914

FILED

1. Entity Name
BR HOLDINGS, L.C.

00 JAN 20 PM 4: 23

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**6425 VIA ROSA DRIVE
BOCA RATON FL 33433**

Mailing Address
**6425 VIA ROSA DRIVE
BOCA RATON FL 33433-6472**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0846677**

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

**PRESSMAN, ROGER S
6425 VIA ROSA DRIVE
BOCA RATON FL 33433**

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 _____ (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 Delete
NAME **MGR**
STREET ADDRESS **PRESSMAN, ROGER S**
CITY-ST-ZIP **6425 VIA ROSA DRIVE
BOCA RATON FL 33433**

Change Addition
800003117716--9
-02/01/00--01027--017
*******50.00 *****50.00**

TITLE Delete
NAME **MGR**
STREET ADDRESS **PRESSMAN, BARBARA L**
CITY-ST-ZIP **6425 VIA ROSA DRIVE
BOCA RATON FL 33433**

Change Addition

TITLE Delete
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

SIGNATURE REQUIRED
ROGER S. PRESSMAN

Date **1/17/2000**

Daytime Phone # **(561) 338-8245**