

2000 UNIFORM BUSINESS REPORT (UBR)

2001823 AF

DOCUMENT # L98000000961

1. Entity Name
NAZARI ASSOCIATES, LLC

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 MAR 16 PM 3:06

Principal Place of Business 3500 N. 55TH AVENUE HOLLYWOOD FL 33021	Mailing Address 3500 N. 55TH AVENUE HOLLYWOOD FL 33021-2342
--	---



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0856853	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SARAGOVIA, EFRAIM
 3500 N. 55TH AVENUE
 HOLLYWOOD FL 33021

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

BLT

9. MANAGING MEMBERS/MEMBERS		<input type="checkbox"/> Delete
TITLE NAME	MGRM SARAGOVIA, EFRAIM	<input type="checkbox"/>
STREET ADDRESS	3500 N. 55TH AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			

500003184365--4
 -03/27/00--01011--017
 *****50.00 *****50.00

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: *Efraim Saragovia* **SIGNATURE REQUIRED SARAGOVIA** 3/12/00 (954) 929-1123
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)