2000 UNIFORM BUSINESS REPORT (UBR)

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| 1217 O SOUTH MUTARY TRAIL WEST PALM BEACH FL 3015 2. Principal Place of Business Suita. Apt. F, etc. Suita. Apt. F, etc. City & State Country To | Principal Place of Business Mailing Address | | | | |] 50 | TIAN TO THE | | | |
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| Signature Sign | | | | | | | | | | |
| Story Stor | City & State | 9 | City & State | ty & State | | 4. FEIN | 65-0850283 | <u> </u> | <u>` </u> | |
| EEE, MONICA LEE, MONICA STORY PALM BEACH FL 33415 B. The above named onity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Synature, typed or printed more of registered agent und title f quotestite. PALE HOWER PALM BEACH FL 33415 City FL Zip Codd* City FL Zip Codd* TL Zip C | Zin | Country | Zin | in Country | | | | | | |
| LEE, MONICA 1217-D SOUTH MILITARY TRAIL | Σip | Country | - P | Godniny | | | | | | |
| ELER, MONICA 1217-D SOUTH MILITARY TRAIL WEST PALM BEACH FL 33415 8. The abover 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 MANAGING MEMBERS / MEMBERS 10. ADDITIONS/CHANGES ADDITIONS/CHANGES 9. MANAGING MEMBERS / 10. ADDITIONS/CHANGES A | | | | | | | | | | |
| 1217-D SOUTH MILITARY TRAIL WEST PALM BEACH FL 33415 8. The above named entity submits this statement for the purpose of changing its registered efficie or registered agent, or both, in the State of Florida. SIGNATURE Symbol Symbo | | | | | Name | | | | | |
| ### City FL Zip Code City FL Zip Code | • | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Signature, Types or primed value of registered agent and title if applicable. (NOTE Propisione Agent signature required when remaining) Make Check Pays to Department of State 9. MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES 11TLE MARK LEE, MONICA 1217-D SOUTH MILITARY TRAIL WEST PALM BEACH FL 33415 11TLE MARK STREET ADDRESS CITT-51-7P 11TLE MARK | | | | | | | | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title of applicable. (NOTE Registered Agent, or both, in the State of Florida. (NOTE Registered Agent and title of Agent and title of Agent and title of State of Registered Agent and title of Agent and titl | WEST PALM BEACH FL 33415 | | | | | | | | | |
| SIGNATURE Signature Signa | | | | | FL .Zip Code | | | | | |
| Signature, typod or primed rater of registered agent and title 4 spokestable (NOTE Registered Agent spatiare received when remarked) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. | 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, typod or primed rater of registered agent and title 4 spokestable (NOTE Registered Agent spatiare received when remarked) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. | | | | | | | | | | |
| 9. MANAGING MEMBERS 10. ADDITIONS/CHANGES TITLE MARK LEE, MONICA 1217-0 SOUTH MILITARY TRAIL WEST PALM BEACH FL 33415 TITLE NAME NAME NAME NAME NAME NAME NAME NAM | SIGNATURE Signature, typed or printed name of registered agent and title of applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | |
| 9. MANAGING MEMBERS 10. ADDITIONS/CHANGES TITLE MARK LEE, MONICA 1217-0 SOUTH MILITARY TRAIL WEST PALM BEACH FL 33415 TITLE NAME NAME NAME NAME NAME NAME NAME NAM | | , | EU E NO | WHI E | EE 10 050 00 | | | | | |
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| 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 | | | | | | | | | | |

2/28/00 (561)649-8200'
Dayling Phone #