# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
00 MAY -2 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000001353

1. Entity Name
INVESTECH CAPITAL, L.L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| 2000 GLADES ROAD. SUITE 204<br>BOCA RATON FL 33431 | 2000 GLADES ROAD. SUITE 204<br>BOCA RATON FL 33431-8504 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1951 NW 19th ST | 1951 NW 19th ST |
| Suite, Apt. #, etc. STE 100 | Suite, Apt. #, etc. STE 100 |
| City & State Boca Raton Fl | City & State Boca Raton Fl |
| Zip 33431 Country USA | Zip 33431 Country USA |

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0855282 — 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 |
|---|---|
| FINE, NORMAN D<br>2000 GLADES ROAD, SUITE 204<br>BOCA RATON FL 33431 | Name<br>Street Address (P.O. Box Number is Not Acceptable) 1951 NW 19TH ST STE 100<br>City Boca Raton FL Zip Code 33431 |

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] 4/26/00
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 | MGR ☐ Delete | TITLE | ☒ Change ☐ Addition |
| NAME | FINE, NORMAN D | NAME | |
| STREET ADDRESS | 2000 GLADES ROAD, SUITE 204 | STREET ADDRESS | 1951 NW 19TH ST STE 100 |
| CITY-ST-ZIP | BOCA RATON FL 33431 | CITY-ST-ZIP | Boca Raton Fl 33431 |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | 900003259269--4 |
| STREET ADDRESS | | STREET ADDRESS | -05/19/00--01078--001 |
| CITY-ST-ZIP | | CITY-ST-ZIP | *****50.00 *****50.00 |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
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| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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 REQUIRED [signature] 4/26/00 (561) 393 9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

CR2E083 (9/99)